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RECENT ADVANCES IN COMMUNITY PREVENTION OF TUBERCULOSIS: OBSERVATIONS ON 35,000 STUDENTS

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DETROIT, MICHIGAN

Tuberculosis has cost the United States more lives and money than any other disease and, what is equally important, it continues to take its huge toll, though to a less degree. It has long been established that our hope in this condition lies chiefly in prevention rather than solely in treatment.

The ignorance and economic position of the public often lead to delay in diagnosis, delay in seeking treatment and sometimes refusal of prescribed routine care. It is apparent that the advanced case must once have been early, and early tuberculosis is curable. The people are afraid of pulmonary tuberculosis and unfortunately not afraid of the predisposing causes of this disease. Many of them spend their leisure hours in an unhealthy manner and do not indulge in sufficient air, exercise and rest in their daily life, while their diet, though vastly improved, is still unphysiological. Further, though suspicious of pulmonary tuberculosis, they avoid a physician up to the last moment; for they realize that they may be sent away and possibly lose their employment.

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Like cancer and venereal disease, tuberculosis should be tackled early. In England, according to Edwards, only 14 per cent of the cases arrive at the sanatorium within three months of onset of symptoms; a further 21 per cent within six months; 19 per cent within twelve months; and another 22 per cent within two years. Thus, 24 per cent do not enter the sanatorium until more than two years have elapsed. Two-thirds of the patients are advanced cases. Again, four out of five have tubercle bacilli in their sputum on admission. As recently as three years ago there was a long waiting list for beds here in Detroit and Wayne County (Michigan), and often an early or moderately advanced case became far advanced before a bed was procurable. At present, however, for the first time in our local history, there are sufficient beds for immediate hospitalization, due to the unceasing efforts of the Detroit Department of Health.

The cause of tuberculosis is the tubercle germ or bacillus, but this in itself, in the great majority of cases, fails to produce disease. In addition to infection with the germs there must be other factors at work which so alter the resistance that the frequently present bacilli can break through a primary focus, disseminate and cause disease. These factors are conditions known as predisposing causes. Predisposing causes which lower body resistance are lack of sleep, overwork (mental or physical), lack of proper food, insufficient clothing, etc. Generally speaking, neither the exciting cause—the tubercle bacillus—nor the predisposing causes, can alone produce disease, but except in a small proportion of cases, a combination of the two must be present in suitable relationship and at an opportune moment. Unfortunately, there are almost unsurmountable difficulties in the handling of this disease which differ in many fundamentals from infections like typhoid fever, smallpox, diphtheria, et cetera.

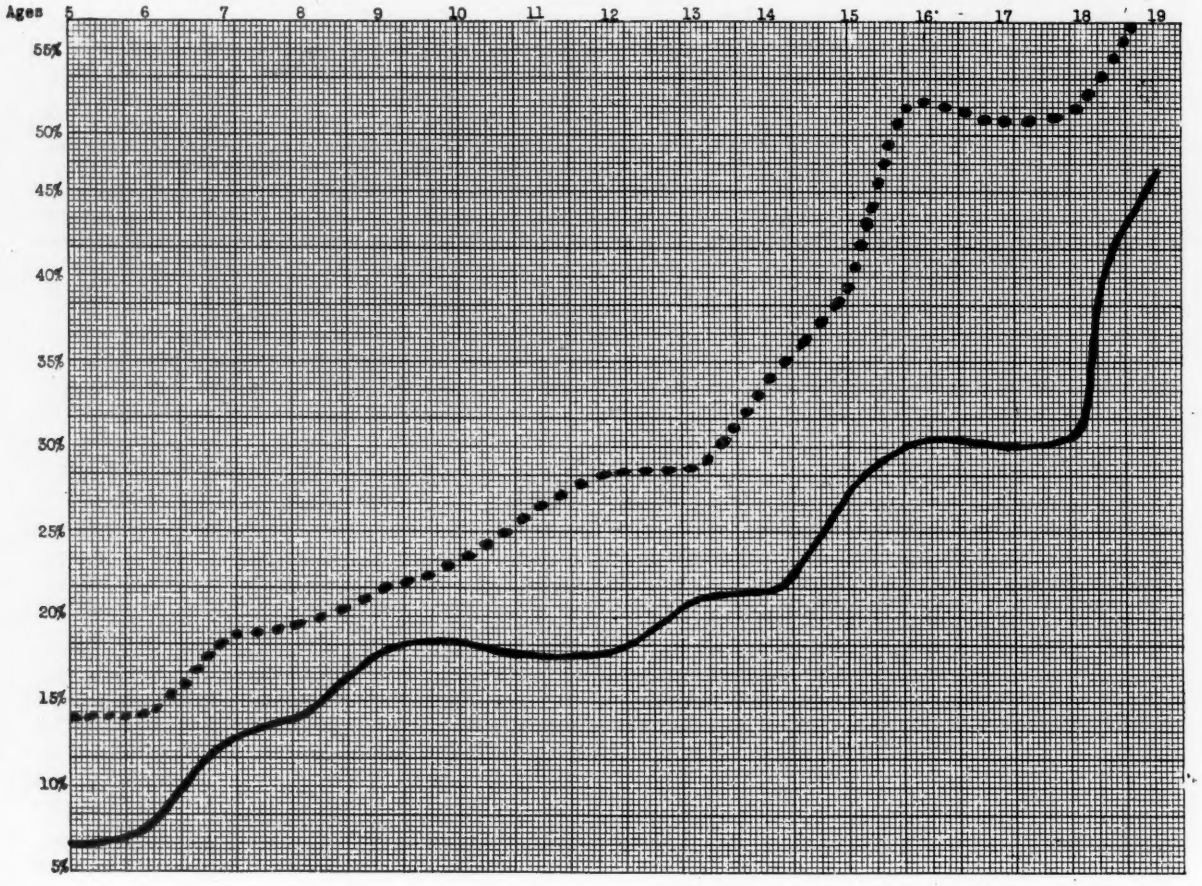

Fig. 1. Results of tuberculin tests in percentage for the various ages (white————, colored.....).

Prevention of tuberculosis is possible in two chief ways—first, that of eliminating the possibility of infection as in typhoid fever; second, that of increasing resistance,

by personal hygiene, including social and economic reforms. The first is the ideal method but in our present civilization it is impossible of complete fulfillment. The best

We are now able definitely to select those requiring increased resistance in order to prevent breaking down with this disease. There is but a small factor of safety in man

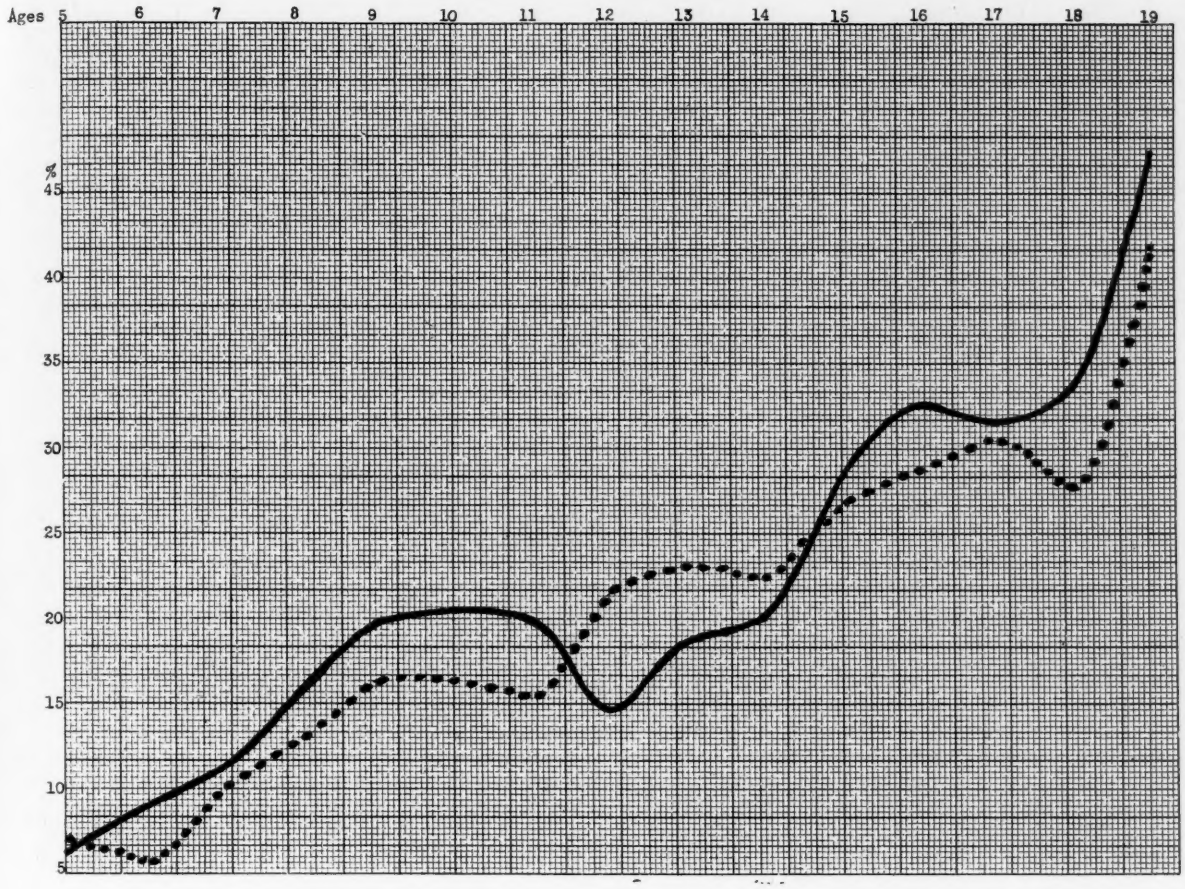

Fig. 2. Results of tuberculin tests in the white patients (male————, female.....).

practical results are procurable today by combining both methods.

Until recently most of the active anti-tuberculosis work was carried out with contacts of known active patients. This method is undoubtedly productive of best results as far as a large group of the population is concerned. However, many cases of active tuberculosis exist among the apparently well without any symptoms and hence unaware of spreading the disease to others. As these patients are not diagnosed, their contacts are not known and investigated. *This is the great leak* in the method used previously, which can be remedied only by thorough and persistent activities among the population generally. The second method, although in active use for many years, also has been but partially successful because it has not been employed to its full extent.

between immunity and susceptibility to tuberculosis.

The prevention program, in order to be successful, therefore, should include (1) diagnosis, isolation and treatment of those diseased, with examination of contacts as at present, and (2) work on a large scale on the apparently healthy. Our work deals chiefly with the latter group and hence is supplementary to rather than a substitute for the program until recently carried out by the various medical units.

The Tuberculosis and Health Society of Detroit and Wayne County has investigated, over a period of two and one-half years, more than 35,000 pupils. These include elementary, intermediate, senior high and college students in rural and urban areas, ages five to nineteen years.

As adult tuberculosis in the great major-

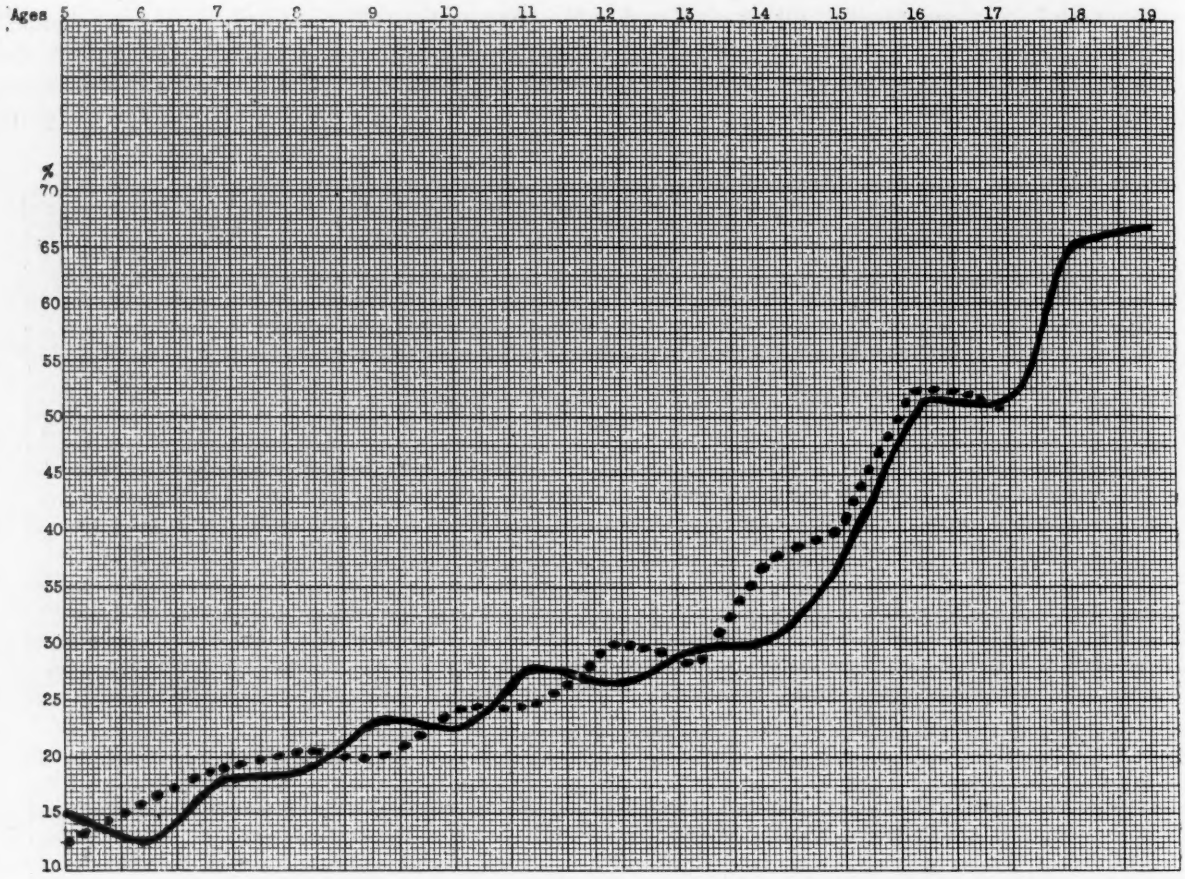

Fig. 3. Results of tuberculin tests in the colored paitents (male————, female.....).

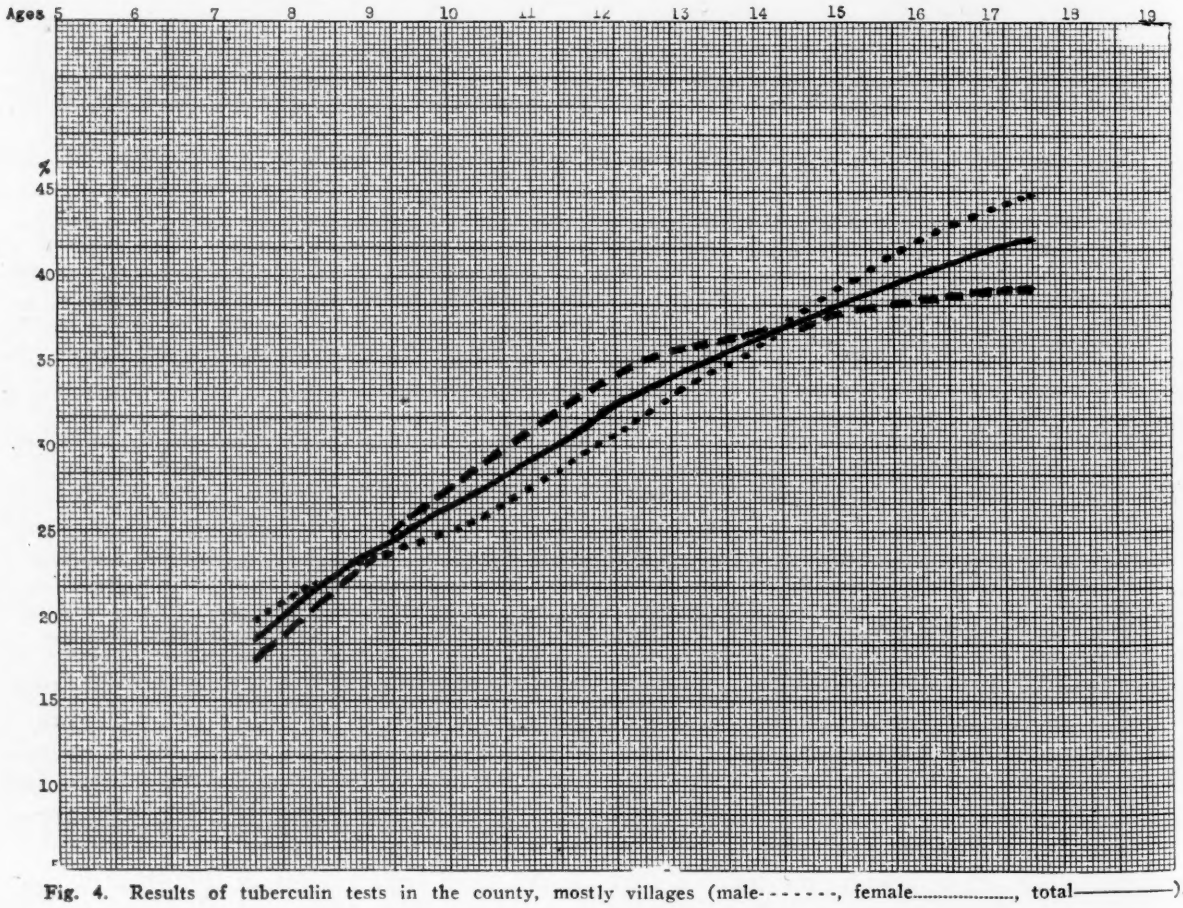

Fig. 4. Results of tuberculin tests in the county, mostly villages (male- - - - - -, female....., total————).

ity of patients is the result of a breaking down of an infection in the earlier years of life, all pupils were first tested with tuberculin for the presence of tubercle germs. in one sex or the other. This has been explained in different ways but our diagnosis, covering so large a number tested, tends to point very definitely to the fact that all

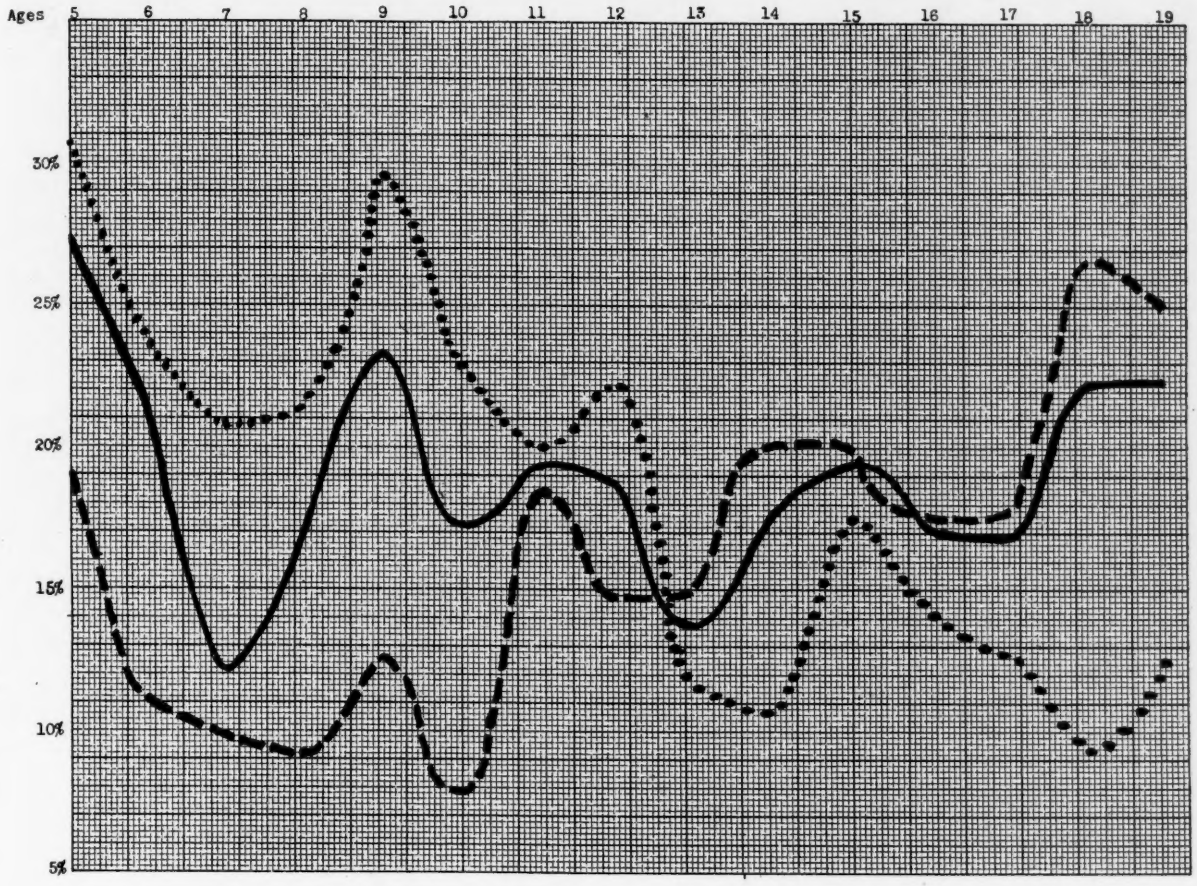

Fig. 5. Percentage of disease (mostly childhood type) found in tuberculin reactions (white- - - - - -, colored.....,
total————).

Figure 1 shows the results of the Pirquet test in the students studied, giving the percentages of reaction in the white and colored. Figure 2 shows the results in the white according to sex and Figure 3 the same in the colored.

TABLE I. TOTAL RESULTS OF TUBERCULOSIS CASE-FINDING PROGRAM

	City	County	Total
Number of von Pirquet tests given	24,516	11,840	36,356
Number of von Pirquet tests positive	5,964 or 24.3%	2,969 or 25%	8,933 or 24.5%
Number of X-rays secured	5,334	3,222	8,556
Diagnosis:			
Childhood type	1,036 or 4.2%	504 or 4.2%	1,540 or 4.2%
Suspicious	322 or 1.3%	159 or 1.3%	481 or 1.3%
Adult type	38	12	50

It has been reported at various times that there was a higher percentage of reactors things being equal, the reaction percentages are the same for male and female. One can see at a glance that the sex lines cross in Figure 4, showing results for the county schools, chiefly villages.

All students giving a positive tuberculin reaction were X-rayed. The results, classified as adult type tuberculosis, childhood type and suspect, according to Chadwick, are very interesting. Figure 5 shows the marked variations for the different ages. There was a small number of pupils studied in the age 5 group and hence the peak of the line is readily explained. The percentages for the other ages vary so considerably that it becomes apparent that the amount of childhood type disease, in any particular period of life, is dependent on many factors.[2] We know what some of these factors are but there is still a great deal to learn. It is striking in Figure 5 how the

male line, starting in the lower percentages, in the later years moves to the higher figures while exactly the reverse is true in the female. A further study will be made of this. Table II shows the percentages of disease found in the reactors, divided according to sex and color.

it shows we might be missing many cases by stressing contact alone.

In Table IV (A) all the diagnosed cases were made on original check. In the last 12 months there was only one additional case diagnosed—a pupil with tuberculous glands of the neck. As the total of members in

TABLE II. PERCENTAGE OF DISEASE FOUND IN THE REACTORS, GIVING AGE, SEX, COLOR

Age	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Per cent of total	27.4	21.5	12.1	17.4	23.4	17.3	19.4	18.8	13.8	17.8	19.5	17.0	16.9	22.3	22.3
White	19.0	11.1	10.1	9.3	12.6	7.8	18.4	14.8	15.3	20.1	19.9	17.6	17.7	26.5	25.
Colored	30.7	23.6	20.7	21.6	29.6	23.0	20.0	22.2	11.60	10.7	17.5	14.2	12.7	9.3	12.5
White															
Male	18.1	4.5	6.6	4.7	9.4	7.4	17.0	7.0	9.8	21.8	18.7	15.2	13.9	26.1	26.1
Female	20.0	21.4	13.7	15.1	16.6	8.3	20.0	20.3	18.7	18.9	21.4	19.9	21.6	27.2	22.2
Colored															
Male	30.0	25.6	23.4	24.2	31.0	25.6	16.0	15.6	11.5	18.1	25.4	21.4	14.6	11.1	10.
Female	31.8	40.6	18.1	19.2	28.2	20.6	24.6	27.2	11.66	6.4	12.7	10.3	11.3	5.8	16.6

Those diagnosed childhood type, also adult type, were referred to their respective physicians and those unable to afford a physician to the local Health Departments. In carefully checking up the required continued observation of the childhood type, we found very interesting results over a period of two and one-half years:

households is 2,109, there is an average of two adults and two children to each. Taking into account those that left the city, etc., we have an additional 112 households with 448 members. If this is added to 743 already examined, it totals 1,191 or 51.7 per cent of total members of households in which these children with disease were

TABLE III. ANALYSIS OF TWO AND ONE-HALF YEARS FOLLOW-UP OF 534 PUPILS HAVING TUBERCULOSIS (A)

Source of contact in household	124	or 23.2%
Previously diagnosed—a. By Dept. of Health	3	
b. By Private Physicians	1	
Number of families in which more than 1 child was diagnosed	18	
Number without re-X-ray follow-up	81	or 15.1%
Hospitalized	35	
Unable to locate	45	
Left city	42	
Deaths	4	

TABLE IV. ANALYSIS OF TWO AND ONE-HALF YEARS FOLLOW-UP OF 534 PUPILS CONTINUED (B)

		Adults*	Children	Total	
Number of people in the households		1046	1063	2109	
Examined by Department of Health (after our work)		195	347	542	
Examined by Department of Health (before our work)		86	115	201	
Total examined in households		281	462	743	or 32.5%
Others in households diagnosed—Adult type		7	4		
a. (after our examinations)	Childhood type	....	21		
	Suspects	....	8		
b. (before our examinations)	Adult type	30	9		
	Childhood type	....	13		
	Suspects	....	1		

*Adults include those sixteen years of age and older.

Many important points arise here for discussion. For example, though 23.2 per cent of the total gave a history of contact, in one large high school in which fourteen adult type or 1 per cent of the total examined were found, there was a contact history in only one. This, of course, was unusual but found. This certainly speaks very highly, to say the least, of the follow-up work of the Detroit Department of Health.

In the high school age group we found 0.4 per cent adult type tuberculosis, 4.9 per cent childhood type and 1.0 per cent suspects. The childhood type percentages in

seven high schools are practically similar but in the adult type (by far the most important group) there is a marked contrast between the results in school B compared with the others. Fourteen adult type cases were found in school B. The findings in school A, representative of the other schools, the adult type is well distributed. One is thus strongly forced to suspect that one or more students in house D are infecting others.

As the various adult type patients are

TABLE V. SCHOOL B: DIAGNOSIS ACCORDING TO HOME-ROOMS

	Home Room	Adult Type	Childhood Type	Suspects
Male	A	1	7	0
	B	1	7	3
	C	0	8	1
Female	D	7	20	9
	E	3	16	8
	F	2	12	5

TABLE VI. SCHOOL A: DIAGNOSIS ACCORDING TO HOME-ROOMS

	Home Room	Adult Type	Childhood Type	Suspects
Male	A	0	9	2
	B	0	8	0
	C	0	12	3
	D	1	12	3
Female	E	2	12	0
	F	0	12	0
	G	1	16	1
	H	0	6	2

TABLE VII. SCHOOL B: DETAILED FINDINGS OF THE ADULT TYPE

Patient	Classification	Nutrition and Development	Symptoms	Signs	Contact
1	IA favorable	Poor	—	—	—
2	IA favorable	Poor	—	—	—
3	IA favorable	V. good	—	—	+ (father)
4	IIA favorable	V. good	+ (1 year)	Sl. +	—
5	IIA favorable	V. good	+ (2 mos.)	+	—
6	IIA favorable	Poor	—	—	—
7	IIIB favorable	Fair	+ (2 mos.)	+ +	—
8	IA favorable	Fair	—	—	—
9	IA favorable	Poor	—	—	—
10	IA favorable	Fair	—	Sl. +	—
11	IA favorable	Good	—	—	—
12	IA favorable	Good	—	—	—
13	IA favorable	V. good	Sl. + (1 week)	—	—
14	IA favorable	Good	—	—	—

this group, as well as those in the other schools, were then divided according to their various houses or home rooms, as they are often called. It is according to such a classification chiefly that contact can be considered, for in all other groupings the contact is comparatively slight and particularly complicated, there being as many as 100 class rooms in one of the schools studied.

An outstanding feature in school B, as shown in Table V, is that House D has seven adult type patients, as well as a larger number of childhood type and suspects. Also the number of adult type, seven, is equal to the total found in the other houses. In divided further, according to the degree of involvement, symptoms, signs, et cetera, it becomes apparent that such has been the case.

A complete physical examination, including history or symptoms and contact, was given the students whose X-rays showed evidence of pathological changes. Table VII gives the results of this examination in terms of general nutrition and development, symptoms, signs, contact history, and classification of disease. It will be seen from the data in this table that general development was good or fair in all but four cases. Definite symptoms of disease were found in

only three, a fourth student having a "cold" for one week only. As to physical signs, in only two was the evidence of disease definitely apparent, while in two others there were slight signs ordinarily calling for further investigation. Another outstanding fact elicited was that only one of the fourteen students had a contact history. This is of course unusual, and will probably be corrected to a higher proportion as more cases are studied, and points further to the source being inside the school.

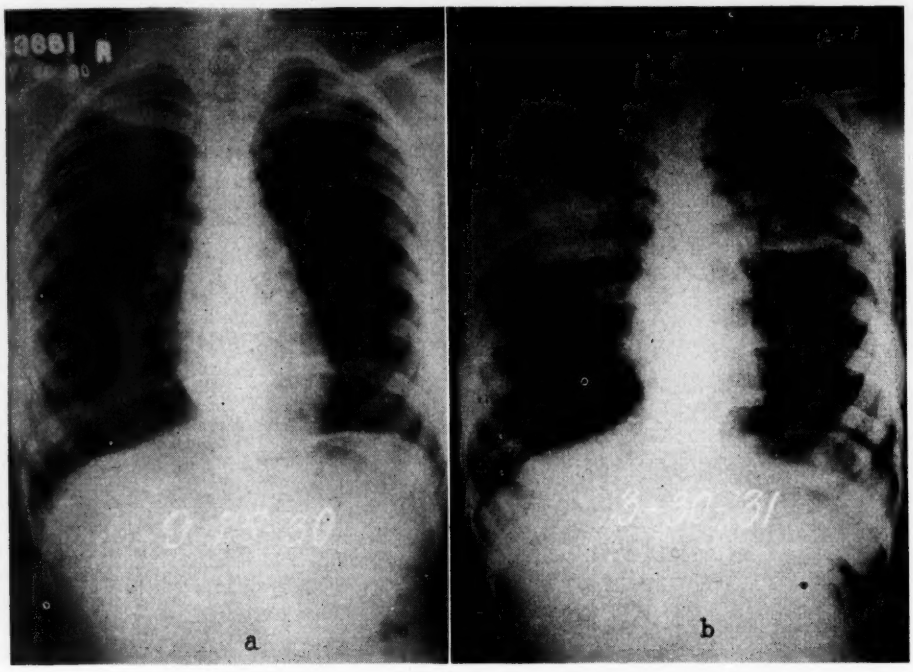

Fig. 6. Case 1. *a.* Scattered infiltrations first and second interspaces right, adult type tuberculosis. *b.* Extensive exudative infiltrations both lungs with beginning excavations right.

Recent advances in tuberculosis prevention, by the method of tuberculin testing and X-raying of the reactors, are shown in a practical way by Cases 1, 2 and 3. Case 1, a high school girl of fifteen, following a positive Pirquet test, gave the X-ray shown in (a), Figure 6. There was a definite minimal adult type tuberculosis and sanatorium care was advised. The girl refused to go because she "was not ill" and her mother sided with her as "she never had a day's sickness in her life." Repeated attempts in explaining to her mother the seriousness of the situation proved of no avail. The girl was, however, excluded from school and advised to stay in bed. Instead of at least carrying out this instruction, she played basket ball on the lots, having been on the high school basket ball team at the time of diagnosis.

Six months later we procured another X-ray—shown in (b), Figure 6, with apparent results. Now both the girl and her mother agreed to hospitalization because the girl "looked sick and was losing weight." After several months, however, the disease progressed to a fatal termination. Fortunately, though, the early diagnosis prevented the possible spread of the disease to her classmates by having her excluded from school. However, because she originally refused hospital care and did not isolate herself at home for the period of six months, she was a possible source of spreading tuberculosis to members of the household and to playmates outside of school.

In Case 2 the patient did not have a tuberculin test, her guardian refusing permission because there was "no history of tuberculosis anywhere in the family and the girl was perfectly well." Just a year later, at the age of seventeen years, she started coughing and losing weight and she was brought to her physician, giving the X-ray shown in Figure 7. It was agreed by radiologists that one year before the photograph was taken at the most there would have been only a lesion in the upper part of the left

lung. In other words at the time she was offered a tuberculin test, she would have been an easy case to cure for her own benefit and would not have remained a source of contact to the members of her household and her schoolmates and other friends.

Case 3, however, shows the other side of the picture and is much more pleasant to relate. This girl was on the school hockey team, her photograph shown in Figure 8 (a). She reacted to tuberculin and was accordingly X-rayed, Figure 9. Though it was difficult to induce her to go to a sanatorium, we finally succeeded, through the added persistent efforts of her mother, who "knew of a strapping young man dying from tuberculosis." The photograph in Figure 8 (b) shows this girl at the time of her discharge from the sanatorium with perfect results. By entering the hospital at once, she not only did what was best for herself but did not return to school or her home and family until no longer a source of contact to others.

SUMMARY AND CONCLUSIONS

Advancement in diagnosis deals chiefly with discovering tuberculosis at its very beginning, even before physical signs are detectable and frequently before there are any symptoms.

Tuberculosis sometimes has an acute onset but much more often the onset is very insidious, the disease becoming moderately advanced before the patient is aware of being ill.

Modern tuberculosis case-finding calls for tuberculin testing all children and adolescents and X-raying the reactors.

The diagnosis is made as adult type tuberculosis, childhood type, and suspect, the latter requiring a further X-ray in four to six months for a more definite classification. Adult type is the most serious and should be dealt with as the pathological involvement and general findings require.

All children diagnosed childhood type and found inactive should be X-rayed every six months till the age of twenty years. If activity starts, this method results in diagnosis when the disease is minimal, with beginning of treatment at a more favorable time.

The follow-up work is narrowed down to a workable list from which the future active patients are likely to follow.

All adults, particularly those up to the age of thirty-five, should be X-rayed with or without a preceding tuberculin test and *irrespective of whether there are any symptoms or physical signs.*

A negative diagnosis in tuberculosis should not be made without a corroborating X-ray. The Detroit Tuberculosis Society's custom of giving health certificates to high school graduates on physical examination, will in the future include tuberculin testing and X-raying of the reactors.

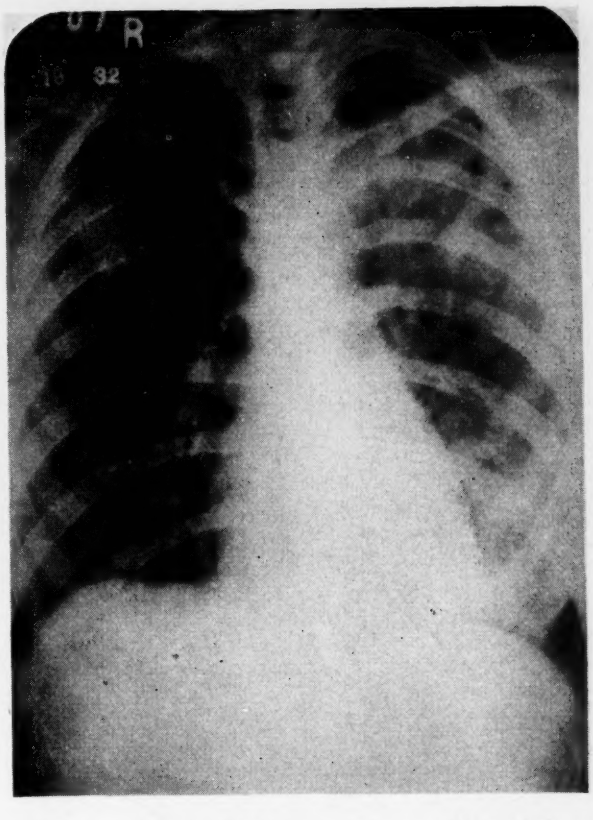

Fig. 7. Case 2. Right lung: Dense exudative infiltrations level of second rib with beginning excavations. Left lung: Dense exudative infiltrations throughout infraclavicular region with beginning excavations and less dense infiltrations at base.

In 1927 it cost the family and community $10,000 to raise an average child to the age of eighteen. His value, in return, at that age has been worked out by Dublin to be $29,000 and at the age of twenty-five—his maximum value—to be $32,000. It is apparent, then, how large a financial saving—if one may for the moment talk in terms of dollars—a cure of adolescents would mean. Tuberculosis costs the United States 100,000 lives annually and millions of money.

In tuberculosis the X-ray is even more in-

dispensable than sputum examination and is necessary both in diagnosis and treatment.

Collapse therapy is more likely to be successful in unilateral lesions and when the duration of the disease is short. Early diagnosis is essential to successful medical and surgical treatment.

High school and college students should not be accepted for school teams without first undergoing the tuberculin test, followed by an X-ray if positive.

It is advisable that all X-ray societies adopt Chadwick's classification, resulting in standardization of terms that would be better understood by the general practitioner; full use be made of chest clinics as teaching centers, whether regular or traveling clinics, the latter particularly in sparsely populated areas; general practitioners be given complete facilities to acquire knowledge of modern advancement in diagnosis and treatment of tuberculosis.

Suggestions.—A community prevention program against tuberculosis should include:

(1) A sufficient number of hospital or sanatorium beds to segregate all active cases without delay, removing the greatest source of contact.

(2) A hospital or hospitals efficiently staffed and equipped for modern surgical collapse treatment. Today a tuberculosis sanatorium is as active as a general hospital in surgical care, over 75 per cent of the patients requiring surgical collapse treatment.

(3) A health department large enough to (a) investigate all household contacts of tuberculous patients, adults and children, ex-

Fig. 8. Case 3. *a.* Photograph taken as member of high school hockey team. *b.* Same girl on day of discharge from sanatorium.

cept those able to have private physicians; (b) finance a general educational program to induce the public to be coöperative; (c) supply staff and equipped quarters for continued observation of those requiring it.

(4) Open air rooms in high and elementary schools.

(5) Active work among the apparently healthy by:

(a) Tuberculin testing all school children and X-raying the reactors.

(b) X-raying of all adults (with or without a preceding skin test in those over twenty-one years) before giving employment of any kind.

Note: Thanks are due to Mr. George F. Granger, Executive Secretary of the Society, for his foresight in seeing the value of the case-finding program; to Dr. Henry F. Vaughan, Commissioner of Health of Detroit, and his staff for complete coöperation, especially to Dr. Henry D. Chadwick, the Tuberculosis Controller; to the Detroit Board of Education and staff, especially Mr. George R. Berkaw, Supervising Principal, Open Air Schools.

Appreciation is here expressed for the active and often material help from the local Boards of Education and the local Health Officers in Wayne County, and the staff of the Leland After-Cure Farm. The County work was made possible by the thoroughness and keen interest throughout of Mrs. J. Johnson and Dr. H. C. Metzger.

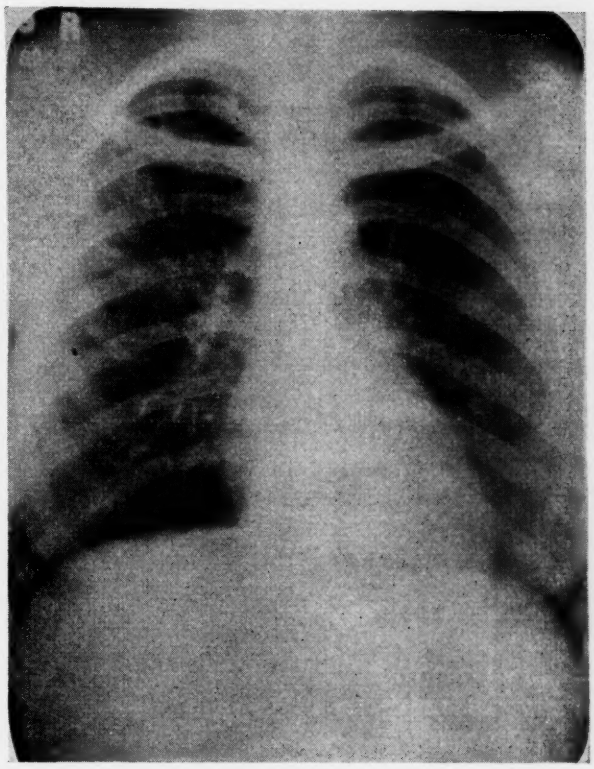

Fig. 9. Case 3. Infiltrations in the upper third of right lung and some fibrosis.

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CLINICAL RESEARCH IN OTOLARYNGOLOGY

EDMUND PRINCE FOWLER, New York, emphasizes the fact that no matter how small or ill equipped with laboratory facilities, every clinic contains material which, properly examined and studied, will yield interesting and important information. Initiative by the worker is more important than material facilities. Too many patients put such a strain on the clinician that he has not sufficient reserve energy to initiate or carry on serious constructive investigations, and too elaborate laboratory facilities may blunt his faculties by engendering the habit of relying too much on them for diagnosis. If he does not engage in serious and continued investigation, the clinician suffers from lack of advancement in his study of disease and the patient from the lack of knowledge acquired therefrom. As an aid in facilitating clinical investigation the author presents a chart for recording observations. The advantages of such a chart are obvious. The answers to the preliminary questions may be recorded, and sometimes even satisfactorily obtained, by a secretary or assistant, thus relieving the examiner of some of the tedious and time consuming elements in the examination. The appellations, abbreviations and groupings further conserve time and space. The reverse side is left blank for recording observations that do not exactly fit into the standard form. The author believes that if one will use some such chart as it is designed to be used there can be no doubt that the labor entailed will some day be rewarded by the discovery of coincidences, coördinations, comparisons and accumulations of facts that mean something of importance, that constitute, in fact, a discovery in cause and effect.—*Journal A. M. A.*

THE SIGNIFICANCE OF CIRCULATORY DISTURBANCE IN CERTAIN PSYCHOSES AFTER THE FOURTH DECADE OF LIFE

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Beginning with the fourth decade of life the depressive psychoses are frequent and may arise in association with definite structural diseases as well as without discoverable lesions. During the involutional period, however, the degenerative changes of preëxisting disease or of advancing years become manifest physiologically, pathologically and psychologically. In the first instance there is a period of bodily readjustment because of changes in organic function of a certain kind, largely in the endocrine system; secondly, structural disease, of which the cardiovascular-renal type is the most prevalent; and thirdly, disturbance in mood, a change in disposition, either the result of the first or second factor or a combination of both, or a recurrence or exacerbation of a psychosis in an individual who has shown previous oscillations of mood earlier in life. In the last instance the situation is no different from the development of similar psychoses at other periods of life.

As has been pointed out, the involutional period brings with it the possibility of three different sets of factors which may cause mental disorders, the diagnosis and prognosis of which depend on the detection of those factors actually operative in any case under study. The problem presented is that of being able to recognize the presence of physical change indicative of structural disease. Therefore the diagnosis of the mental disorder on the basis of the psychologic factor alone should be by exclusion.

Of first importance is the patient's personality as the psychoses in question are personality reactions to situations which confront the patient and frequently to organic disease.

The most striking feature of the psychoses of this period is a state of agitated depression of acute or subacute onset. The most frequent apparent cause is a disquieting social situation (as an occupational failure, a death in the family, or social discord of different types) which often overshadows all other less apparent basic causes.

Ideas of hopelessness, ruin, and sin associated with somatic delusions with a marked tendency to commit suicide predominate.

CLASSIFICATION OF PSYCHOSES OCCURRING THE FOURTH DECADE OF LIFE OR THEREAFTER—ACCORDING TO CERTAIN BASIC FACTORS

Pathological—Physiological—Psychological

A. *Pathological*
  I. Cardiovascular Disease (119 cases)
    *1. Myocardial insufficiency (106)
    2. Endocarditis with decompensation (4)
    3. Aortitis (syphilitis) (2)
    4. Cerebroarteriosclerosis with hypotension (4)
    5. Cerebroarteriosclerotic thrombosis (2)
    6. Angina pectoris (1)
  II. Respiratory (9 cases)
    1. Tuberculosis (3)
    2. Bronchial asthma (2)
    3. Tonsillar abscess (2)
    4. Accessory sinus disease (2)
  III. Gastrointestinal (10 cases)
    1. Appendicitis (3)
    2. Malignancy (3)
    3. Teeth—apical abscess (4)
  IV. Genito-urinary (14 cases)
    1. Uterus and appendages (infection) (4); malignancy (2)
    2. Chronic kidney disease with hypertension (8)
B. *Physiological*
  V. Endocrine dysfunction or hyperfunction (26 cases)
    1. Menopausal manifestations (19)
    2. Thyroid hypofunction (3); hyperfunction (4)
C. *Psychological*
  VI. Primary Psychoses without demonstrable pathology (27 cases)
    1. Manic depressive types
    2. Schizophrenic types

The analysis of two hundred and five (205) case records of patients suffering from psychoses occurring in the fourth decade of life and thereafter revealed that 152 (74 per cent) of the individuals developing

*This group is the basis for this essay.

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psychoses in the fourth decade of life have structural changes in various organs sufficient to cause permanent mental and physical disability. One hundred and nineteen of this number (58 per cent) suffered from chronic cardiac disease, which is a slightly higher number than that occurring in a general hospital. One hundred and six of this number (52 per cent) suffered from chronic non-valvular cardiac disease.

CLINICAL PICTURE OF PSYCHOSES ASSOCIATED WITH MYOCARDIAL INSUFFICIENCY OR CHRONIC NON-VALVULAR HEART TROUBLE

Physical:

1. Subjective
   a. precordial distress (usually a feeling of pressure or weight)
   b. sighing (mild dyspnea)
   c. fatigue
2. Objective
   a. dyspnea
   b. Mild cyanosis of the face, hands and feet and also of the mucous membranes
   c. small volume of the pulse
   d. apex beat not visible or palpable
   e. heart sounds weak
   f. blood pressure normal or low

Mental:

1. Subjective
   a. fear
   b. hopelessness
   c. somatic delusions
   d. suicidal tendencies
2. Objective
   a. anxiety
   b. dejection
   c. agitation
   d. mild confusion
   e. insomnia

There were only twenty-seven patients in the whole group studied that were purely psychotic, that is, free from structural disease. Twenty-six of the 205 patients had a glandular imbalance and were placed in the physiologic group.

The group composed of 106 cases and classified under chronic non-valvular cardiac disease or myocardial insufficiency is the basis of this essay and to illustrate we will cite four typical cases:

Case 1.—A small, slight built woman, forty-one years old, whose appearance was much younger, came under observation April 24, 1930. In the past year she had visited several of the large hospital clinics, but without satisfactory results. The reports from these clinics showed that the results of the examinations were essentially negative. The onset of the psychosis was eight weeks prior to her admission here.

The patient expressed fears with reference to malignant disease, especially cancer, and when assured that it was not cancer she suggested pernicious anemia, tuberculosis and syphilis. Precordial distress was a constant complaint. With this there were frequent attacks of tachycardia with dyspnea. At such times she became agitated, showed great anxiety and fear of death. During the intervals she was continuously depressed and frequently stated, "There is no hope for me." She attempted suicide by cutting her wrists. While the injury was not severe and the wounds healed promptly, she persisted in suicidal attempts by swallowing safety pins, broken matches and pieces of a clinical thermometer in the hope that this might bring about a fatal result. The foreign bodies were demonstrated by a roentgenogram. The agitated depression with the ideas of hopelessness continued in the fourth week of hospitalization.

The physical examination resulted in negative findings except for deeply buried septic tonsils and cold, cyanosed hands and feet with a marked hyperidrosis of the palms and soles and the pulse rate varying between 100 and 120 per minute. The blood pressure was 112/62 with no marked variations. The heart sounds were clear and distinct and no enlarged precordial dullness apparent. The laboratory findings and the roentgenological examinations of the chest were negative.

The neurological findings were indefinite. The pupils were equal, reacted to light and in accommodation, but were continuously dilated. The tendon reflexes were brisk. Otherwise this examination was negative.

Mentally she was constantly active, restless during the day and sleepless at night. She was always oriented, showed no memory loss and had good contact with her environment. There were persistent somatic delusions. She had no confidence in our attempts to relieve her and was more or less uncooperative.

The previous medical history gives information that the patient had had a mild mental upset fifteen years ago and had medical treatment for three and one-half years for various complaints of the gastrointestinal tract. At the age of 12 years she had an appendectomy. The menstrual periods have been scant in the last year. She was married at 22 years. There have been no pregnancies.

Her early life was apparently normal. She is the youngest of seven children, graduated from high school and was active as a business woman until she was married.

Her father was accidentally killed. The mother is living at the age of eighty. One sister is suffering from dementia præcox and one brother died of typhoid fever. One cousin has a chronic psychosis and one brother died of cancer. Two sisters and one brother are living and well.

The patient returned home at the end of the eighth week apparently recovered. She returned two weeks later somewhat depressed, complaining of fatigue, and she appeared languid. There was a persistent elevation in temperature ranging from 100° F. to 101° F., pulse 120 with a leukocytosis of 15,700. The physical examination was negative except for septic tonsils. Tonsillectomy was advised. On this occasion the patient became agitated and showed considerable fear. She refused the advice saying: "I could not go through with it. My heart will never stand it and I will surely die," but after reassurance she consented and a tonsillectomy was successfully performed. There was little reaction and she seemed generally more comfortable until the sixth day after the operation when she was suddenly taken with precordial pain, tachycardia and dysnpea which continued until she died three hours later.

The autopsy revealed changes significant and characteristic of the clinical picture, but not sufficient to prove the cause of death. The heart was relatively small, there was some dilatation of the right

side, the myocardium thin, the coronary arteries were not materially changed. The aorta was very small, being 4.2 cm. in circumference. There were no atheromatous patches or plates and no occlusions or calcifications. The sections of the myocardium show separation of the muscle bundles with fragmentation, but no fibrosis.

The examination of the brain showed a moderate degree of congestion of the meninges with an edema of the posterior superior aspect of both hemispheres. No softening, or tumor formation and no thrombosis or aneurysms; in fact, nothing was apparent in the brain that had any bearing on the original clinical findings. While the patient evidently died from an attack of angina pectoris, the postmortem findings were not positive.

Case 2.—A stout built man (weight 214.5 pounds, height 70.5 inches), aged forty-eight years, was admitted December 12, 1930, complaining of dizziness, fatigue on slight exertion accompanied by profuse perspiration, mental depression, emotional instability and loss of memory for recent events. He feared that he would lose his mind. The present illness followed an "attack of sciatic rheumatism" about a year ago. Since then he had been unable to follow his occupation as a mechanic and became hopeless with reference to recovery.

Clinically he presented a general paleness of the skin with slight cyanosis of the extremities. The pulse was of small volume, pulse rate 110. Blood pressure 110/70, respiration 22 and slightly labored. The heart sounds were weak but there were no thrills or murmurs. There was no sclerosis of the radial arteries and no angiosclerosis of the vessels of the eye fundi. The examination of the urine, blood and cerebrospinal fluid gave negative results. The X-ray of the chest showed no enlargement of the heart. The neurological examination was entirely negative. Mentally he appeared dejected, was emotionally unstable; he wept without apparent provocation and expressed ideas of hopelessness. He was well oriented and there was no loss of memory for recent or remote events. He was constantly agitated during the day and sleepless at night.

The clinical picture presented by this patient is that of a psychosis of the affective type and the physical signs might easily be interpreted on this basis. The treatment of this patient began on December 15, 1930, and he was discharged apparently recovered on January 9, 1931. He reported in the out-patient department on January 30, 1931, that he had returned to his occupation and that he is as well as ever. His weight was reduced to 195 pounds; the blood pressure was 140/70; the pulse of good volume and 80 per minute.

Case 3.—A woman sixty-three years old was admitted for treatment February 8, 1931, complaining of exhaustion, mental depression and sleeplessness. She stated that she becomes easily fatigued and any attempt at work required great effort. This fatigue came on about four months prior to the admission to the hospital and she was not depressed until about two months later. During the first interview she exclaimed, "Oh, Lord, call me and take me away from this suffering. How long will this last? Won't this ordeal soon be over? I am so tired; if I could only die and end it all." This hopelessness and agitated depression were continuous during the day. The patient had good contact with those about her. She was well oriented and her memory was good. While in bed she sighed frequently and complained of precordial distress which she sometimes spoke of as a pressure. There was some dyspnea. The pulse was of small volume and the heart sounds indistinct and weak. The blood pressure 100/90. The peripheral vessels showed moderate sclerosis and the eye fundi some angiosclerosis. The neurological examination was negative. The laboratory findings were not significant. The previous medical history reveals that she had a mental upset in 1916, 1922 and in 1924, each of several weeks duration and without hospitalization; she made good recoveries. There was no evidence of physical illness at these times and the mental manifestations were those of sleeplessness at night and restlessness during the day without marked mental depression. The patient has had no serious physical illness and she passed an uneventful menopause in 1918.

The family history is negative except that her mother died of heart disease at 53 years of age. The patient was normal in her social life. She was married at 26 years, has one son 36 years old and well.

Case 4.—A slight built man, aged sixty, a farmer, was admitted on February 17, 1931. He complained of being nervous, depressed, sleepless and dizzy. This condition came on after an unsatisfactory business transaction two months ago. Since then he has been continuously agitated and depressed, going about the house bemoaning his plight. He took very little food and had lost considerable weight. He made no attempt to apply himself on the farm.

At the time of admission the patient was confused and his memory for recent events was poor. He could give little information regarding the events in the past month. He was continually agitated, moaning and wringing his hands and his facial expression was that of great anxiety. He was mute and gave no attention to those about him. The physical examination showed that the patient was generally cyanosed, especially the face, hands and feet. The tongue was heavily coated, the mouth dry, and the breath foul. The pulse was of small volume, the peripheral vessels slightly sclerosed, the heart sounds weak, the apex beat not visible or palpable; the blood pressure 105/65. In the urine there was a trace of albumin but otherwise negative. The blood examination showed R.B.C. 5,120,000; W.B.C., 7,800; Hemoglobin 85 per cent, and blood sugar 100 mg. per 100 c.c. The neurological examination revealed equal pupils, but they were sluggish to light and in accommodation. There was a drooping of the left angle of the mouth, a fine tremor of the lips and tongue and of the extended hands. The station and gait were unsteady. The knee jerks were decreased, the left Achilles jerk absent and the right diminished. The umbilicus, cremasteric and left plantar reflex were absent. The cerebrospinal fluid examination showed: cells, 2; globulin, plus 1; sugar, trace; colloidal gold, negative; Kahn test, negative. Prior to the present illness this patient had malaria fever at the age of twenty and typhoid fever at thirty.

He attended country school until he was 16 years old and the following year went to a business college. Since then he has been active in general farming. He married at twenty-eight. There are two sons—both active in business and successful. The father of the patient died of heart disease at seventy-eight. One sister died of cancer of the stomach at forty-five. Two brothers older than the patient are living and well. One sister is living and well.

The patient returned home apparently well at the end of the fourth week. He reported at the hospital two weeks later saying that he was well and that he was ready to go to work. However, he was advised to continue the schedule outlined for him when he was discharged from the hospital. He disregarded the advice and resumed his usual occupation. Four weeks later he returned to the hospital de-

pressed and hopeless, complaining that he could not sleep and was "dazed" during the day. He was admitted to the hospital and the treatment resumed.

On admission the examination was essentially negative, but his pulse was small and the heart sounds weak. The blood pressure was 100/70. After two weeks treatment his blood pressure was 130/70 and he returned home a wiser man. Since then he has resumed his occupation with limitations, and is in good health.

In analyzing these cases they have in common definite physical and mental signs and symptoms and a uniform result from the treatment.

In the first case reported it appears that the feeling of hopelessness was well founded, inasmuch as the patient was suffering from a fatal illness. Yet most of her delusions had no corresponding somatic basis except the anoxemia, and no doubt this is the basis for the sense of physical illness in all of the cases. This case illustrates the difficulty in the diagnosis of certain heart conditions, especially when overshadowed by a serious psychosis. The question arises—was it possible to make a clinical diagnosis of cardiovascular disease in this case?

The second case is typical of the group which we have classified as chronic non-valvular cardiac disease and a favorable prognosis could be ventured in the beginning with reference to the psychosis.

Less favorable were the other two cases; the third because of the history of repeated psychotic incidences, and the fourth because of evidence of degenerative changes in the vascular system. However, we have learned that sclerosis of the arteries does not necessarily indicate an unfavorable prognosis of the psychosis. At this point we confess that the basis for the classification of myocardial insufficiency or chronic non-valvular cardiac disease and the surmise that this is directly or indirectly the causative factor of the psychosis, is the therapeutic result, which it has been our good fortune to find nearly one hundred per cent.

The treatment which has brought these results is wholly directed toward the improvement of cardiovascular tone, consisting of rest with digitalis and a gradual return to a modified amount of activity.

Rest in bed is continuous for two weeks. During this period 1 c.c. of tincture of digitalis three times daily after meals is given. Patients who are uncoöperative and refuse medication by mouth are given the equivalent by the hypodermic method. At the end of the two weeks period it may be expected that the psychosis is sufficiently relieved so that the patient may be dressed and taken out of doors to walk for 15 minutes each morning. This is increased five minutes each day until a one hour period is reached. During this time the patient remains in bed except when exercising. Continuing with the hour period, a second period is started in the afternoon, beginning with fifteen minutes, increasing the time five minutes each day until an hour is reached. At the end of this time the patient is allowed to be up and about all day with the exception of a two hour resting period after the midday meal. He is expected to rest not less than nine hours each night. When the patients are discharged from the hospital they are advised to continue a daily dosage of digitalis, the equivalent in digitalis value of 0.1 grain of powdered leaves. Some patients will not tolerate 0.1 grain per day; they should have the amount in accord with their determined tolerance. The exercise is continued indefinitely; the walking may in part be supplanted by the activities of the patient's occupation, but both mental and physical activities must be adjusted in accordance with the patient's ability when he leaves the hospital. After this he is still under medical supervision, either in the out-patient department or in the care of the local physician.

In connection with the physical aspect of the treatment of this type of psychosis we are fully aware of the fact that this type of patient may adjust the mental disability within the space of time required (which was not more than forty-four days) in the hospital environment with the other feature of the treatment, but no attempt was made to readjust the patient's abnormal mental activities. From the available evidence it is difficult to construct as yet an accurate and detailed picture of the sequence of events in the progress of circulatory failure. A concept, therefore, which attempts to correlate the clinical picture with the functional and structural changes in these cases can be at its best but incomplete, although the results of the treatment in the 106 cases thus classified appeared to be on the basis of cause and effect.

Clinical and experimental observations* have proven that, aside from the primary disorders of the nervous system or chemical alterations of the blood, cardiovascular dis-

orders are chiefly responsible for the symptoms of dizziness, syncope, convulsions and related manifestations, and that anoxemia of the cerebral centers resulting from a pronounced fall of systemic blood pressure is the underlying cause. The cells of the cerebral cortex are extremely sensitive to a diminution in its supply of oxygenated blood and react promptly by manifestations of vertigo, exhaustion, and unconsciousness. Since the arterial blood supply is dependent on systemic pressure, any of the factors known to reduce arterial pressure, such as reduced systolic discharge, lowered peripheral resistance and decreased heart rate, and consequently reduced venous return, can diminish the cerebral blood flow to a degree lower than is necessary to maintain cerebral function.* Hypotension was a constant and persistent manifestation in all of the patients of this group. The highest systolic pressure was 123 and the highest diastolic pressure 78. The lowest systolic pressure was 96 and the lowest diastolic pressure was 58 at an average age of fifty-six years.

While symptoms of dizziness and fainting are commonly associated with circulatory disorders that diminish the cerebral blood flow they are rarely associated with the more serious valvular cardiac disease. In these conditions the impairment of the blood flow leads to psychic phenomena of a different sort; a more or less continuous mental stupor, impaired memory, disorientation and hallucinations of sight, hearing and smell are the more common manifestations. There is a mental dulling en masse, a lack of realization.

In the non-valvular type of cardiac disease the symptoms and signs are often the expression of an altered balance rather than absolute deviation from normal, while in the valvular type they are significant of marked structural deviation and the physical manifestations referable almost entirely to local disturbance in cardiac function, the main symptom being dyspnea. In this stage the patient is comfortable at rest and develops circulatory embarrassment only after exertion.

Conclusion.—One hundred and five psychotic patients recovered from the psychosis within a period of forty-four days, the result of treatment directed toward cardiac stimulation, rest and modified physical and mental activities, without any attempt to adjust the abnormal mental manifestations.

*Carl J. Wiggers, M.D. Jour. A. M. A., Feb. 21, 1931, Vol. 96, No. 8.

FALLACIES AND MERITS OF SENSITIZATION TESTS*

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Since the introduction of sensitization tests there have been many enthusiastic advocates of this method, whereas many others have obtained no satisfaction whatsoever. Utterances such as this are typical: "After having used my set for two years, I had to discard it because not a single patient was benefited by it." "I had 200 to 300 tests by six different specialists and I still have my asthma." "All the tests are negative; it therefore can't be allergy." Because the wrong interpretation of skin tests may be of great damage to the cause of allergy and thus to the allergic patient, I shall endeavor to point out some of the most common fallacies on this subject.

Probably the most common mistake made is the identification of skin reactions with sensitization. In other words, some believe that the degree of skin reactivity parallels that of clinical sensitization as such. As a result of this idea, the conception that skin tests are the most important or even the only necessary procedures in the management of the allergic patient is widespread. It has been well demonstrated by Rowe,[1] Walzer,[2] Peshkin,[3] and Alexander[4] and many others that a patient may be very sensitive to certain substances and not give the slightest positive skin reaction at any time. On the other hand, a positive test may often be nonspecific and thus be exceedingly misleading.

In patients of long standing asthma,

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negative tests are the rule rather than the exception. In old age as well, we usually fail to obtain conclusive positive reactions. In my own experience, I have often encountered negative skin tests very shortly after asthmatic attacks and, therefore, I avoid giving tests at this time. Furthermore, I have had occasion to find negative skin tests after an anaphylactic reaction encountered following an injection of antigen.[5] In the determination of sensitiveness to horse serum before a therapeutic injection, negative tests are often obtained in spite of definite sensitivity.[6] Old extracts give less accurate results than fresh ones and may thus account for negative results. Another point of importance is the fact that the extract may be applied in a different form than in that in which it is clinically active. Thus for instance, a raw food may give an entirely different reaction than the same food after cooking. In addition a greatly diluted extract may not produce a wheal although the material may clinically be offensive. Another source of negative tests is often the administration of epinephrin or ephedrin previous to the testing. These drugs may produce at least a partial temporary loss of the capacity of the skin to react. Testing with numerous drugs which clinically produce sensitivity has occasioned frequent failures, a fact which is in accord with recent investigations on drug sensitivity. There are so-called delayed reactions occurring several hours after the tests which usually appear to be negative at the time of testing. According to clinical experience, although not yet experimentally proven, this is due to continued absorption of antigen, which creates a temporary state of non-reactivity of the skin.

It is generally known that materials such as histamine produce a positive reaction in every individual whether sensitive or not. The presence of histamine or similar substances in the testing fluid of various antigens undoubtedly accounts for a great many non-specific positive reactions. For instance, I have tested a group of female patients with several internal gland products, some of which, especially antuitrin, produced an allergic wheal in every patient tested. Strongly concentrated foods, especially fish, have given positive reactions in normal individuals. Skin tests with bacterial proteins, I have never regarded as very conclusive in my work although there is no question as to the great importance of bacteria in the causation of asthma or other allergic diseases. I have tested approximately one hundred individuals with various fungi and yeasts grown from their sputum. In interpreting the results, I encountered great difficulties because of the apparent non-specificity of the tests.

It should be borne in mind that the skin of certain individuals is unusually susceptible to mechanical irritations and actual wheals with apparent pseudopods may occur in all reactions, although clinically the antigens employed in the tests do not produce symptoms. Certain skin areas show positive reactions more readily than others. For instance, near the elbow the reactions are larger than near the wrist.[7] Positive tests in the proximity of a marked wheal may have to be considered non-specific even though they may appear to be very definite. In eczema and urticaria a great deal of caution is thus required in the interpretation of the results.

Even if we do encounter a specific reaction it does not necessarily follow that the patient will show symptoms upon contact with these substances. The positive test is merely an indication that at one time or another the material has been offensive to him or that in the future he may develop symptoms from contact with it. A positive reaction may therefore be not only an indicator of present and past sensitivity but also may designate that the antigen is a potential cause of future trouble.

In general practice the method of choice is the scratch method. While an intracutaneous test may or may not be slightly more sensitive than a scratch test, its use can hardly be recommended to the general practitioner on account of the fact that dangerous and even fatal reactions may ensue. Furthermore, it is exceedingly difficult and costly in practice to have all the required equipment and fresh materials on hand.

Whether to use powdered extracts, fluids, or antigens in ointment form, is of no material consequence. From comparison of all three types, I feel that fluid extracts are probably the most reliable ones provided that they are fresh. They are particularly well suited for pollen tests. The fluids, however, seem to deteriorate much easier than the powders. The pastes also are somewhat more difficult to preserve than the

powders, especially during the warm season. Many allergists prefer the powdered extracts which may be dissolved in 1/10 normal sodium hydroxide solution for scratch testing.

There are a few points regarding the technique which deserve emphasis if one wishes to have reliable results. I do not use disinfectants to sterilize the skin because of their possible interference with the reading, especially in cases with urticaria. The arm should be thoroughly cleansed with soap and water before the testing. The scratches should be of equal length, about 0.5 cm., not too deep into the skin and should not draw blood. They should be an equal distance apart, preferably 3 cm. so as not to interfere with each other. They should be read after fifteen minutes and again checked ten minutes, six and twenty-four hours after the antigen has been wiped off with water. If there are very marked reactions which appear already two or three minutes after the application, it is wise to remove the material as soon as the wheal appears, since generalized reactions may occur after such tests. Control tests are not required because some definitely negative tests are always obtainable for comparative purposes. If this is not the case, the testing cannot be relied upon. In patients whose skin is unresponsive, even a very small rise of the skin in excess over the others should be regarded as a positive reaction. These border line "plus-minus" reactions have proven to be of extreme value in the management of some of my patients.

One of the most baffling problems is the question of which materials to use. At present, we can well say that any substance may be the source of allergic symptoms, whether it contains protein or not. Landsteiner[8] has shown that a simple chemical substance such as tartaric acid combines with a certain material of the blood into a so-called complex antigen. Avery and coworkers[9] showed that a carbohydrate substance is the main factor which determines the antigenic property of certain bacterial products. I have recently reported cases of sensitization to such simple chemicals as ether, urethan-quinine, ephedrin, sodium iodide, et cetera.[10]

While everything in our surroundings may thus have to be taken into consideration, for routine purposes, we must, of course, confine ourselves to those materials with which the patient has daily contact. Among the pollens, there is only a very limited number in Michigan which are always present in the air during their respective seasons.[11] They are short and giant ragweed, cocklebur, marsh elder, and wormwood in fall; June grass, timothy, orchard grass and red top in spring; the common trees, especially maple, pine, oak and elm in early spring; and English plantain, lambsquarter, rye, and yellow dock during the summer. It is futile to test patients for roses, cosmos, goldenrod and other flowers because they only produce symptoms upon direct contact with the flowers. Their pollen is surrounded by a resinous moist hull which prevents them from being carried by the wind. A positive reaction to these pollens as a rule merely indicates a previous contact, but does not mean that any therapy should be instituted.

Among foods, those most commonly eaten are wheat, eggs and milk, especially in children. Fish, tomatoes, spinach, cheese, peanuts and strawberries seem to be more offensive than others even if eaten in relatively small quantities. However, any food other than the above has to be considered as an equally important factor in the individual case.

Since horse hair, wool, cotton, kapok, feathers are in or about the bed and may thus account for nightly attacks, and since cattle hair, rabbit hair, dog hair, and camel hair are in the upholstered furniture of nearly every room, they should be included in each testing set. Orris root in powders and perfume articles and pyrethrum in insect and garden sprays is of equal importance. It is advisable to test every patient with an individual or stock house dust extract.

I have recently tested a large number of patients with patented foods* such as grape nuts, Quaker oats, et cetera, and the various baby foods. From the results obtained, I believe that such tests are of distinct value in individual patients, since they differ from the substances from which they are made. I have for instance, observed that rice flakes give a somewhat different skin reaction than rice.

Since skin tests cannot be considered entirely reliable in determining the causative

*Prepared by the Barry Allergy Laboratory, Detroit, Michigan.

agents, various means have been devised to aid in their detection. Probably the most important one is the passive transfer test which has been elaborated by Walzer.[12] It is based on the fact that skin reacting antibodies, so-called "reagins" which are present in the serum of allergic patients are easily transferable to normal individuals and produce there very definite reactions upon their contact with the antigen. It is therefore necessary to inject in a normal individual a number of sites of the forearm with the serum of the allergic patient, and after the lapse of 48 hours, to test these sites with the various antigens, preferably interadermally.

The patch test has been devised especially for dermatitis cases. It consists of the application of the suspected substance upon the skin, held in place for twenty-four hours by means of a small linen square which is attached to the skin with adhesive tape. If the test is positive a more or less marked erythema or an actual localized dermatitis may occur on these sites.

The conjunctival test is used, particularly in pollen-sensitive cases with negative skin tests, by applying small amounts of dried pollen into the patient's conjunctivæ. As a rule within five minutes a more or less intense conjunctivitis arises which can be immediately controlled by one drop of epinephrin after the removal of the powder from the eye. While all these methods may sometimes be of very great value, they can only be regarded as an aid in the management of the case. Such means as the taking of a very thorough history, the food diary, elimination diet, and observation of the case, particularly of the response to desensitization treatment, are of foremost importance.

SUMMARY

In allergic patients sensitisation tests should not be regarded as a definite indicator of clinical sensitivity.

Negative skin tests in the presence of clinical sensitivity occur in cases with long standing asthma, in old age, occasionally after asthmatic attacks, after an anaphylactic reaction, with old extracts, and after administration of epinephrin.

Unreliable positive tests were observed with too concentrated solutions, with extracts containing histamine or like substances, in patients with sensitive skin, near the site of a wheal, with bacterial products, fungi, and certain internal gland products.

Border line ("plus-minus") and delayed reactions are of greatest importance in patients whose skin is little responsive to the testing.

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EXPERIMENTAL AIR EMBOLISM OF THE CORONARY ARTERIES

GEORGE RUKSTINAT, Chicago (*Journal A. M. A.*, Jan. 3, 1931), states that dogs whose coronary arteries are plugged with air die promptly. In such animals and also in human beings dying of air embolism, there are no lesions demonstrable anywhere to explain death unless an exception is made of the presence of air in the blood. In air embolism of the coronary arteries, either recovery or death takes place promptly. Direct cerebral air embolism through the carotid arteries is succeeded by cerebral irritation which does not develop in dogs with solely conorary air embolism, although both may have apparently similar amounts of air in their leptomeningeal vessels. Delayed cerebral air embolism was not observed in dogs recovering from coronary artery air embolism.

THE PREVENTION OF SYMBLEPHARON. REPORT OF A CASE AND DESCRIPTION OF APPLIANCE USED

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The prevention of symblepharon is difficult and in severe burns impossible in most cases. Constant separation of the lids to prevent adhesion is well nigh impossible and the numerous other methods in use unsatisfactory.

The use of fats, while of benefit, does not prevent. Stitching back the lids, as practiced by Hurst, is of little value in severe acid burns when the fornix is involved. Ball of Iowa reported in the London Lancet, April, 1926, the use of a silver plate which he sewed to the lower lid. This would obviously be of little use when the upper lid is burned.

E. V. Hughes, in the British Journal of Ophthalmology in 1927, described a wire frame which was used in lower lid burns. He placed upon the lid gold beaters' skin which was folded down inside the lid and held in place with the wire frame. Stanford of Memphis recently suggested the use of skin from inside the shell of an egg. This would seem a difficult procedure.

The use of contact lenses suggested to us the possibility of using a glass curved plate. Under our direction the optician ground an ovoid shaped glass lens on a twenty dioptre base large enough to fit well on the eye and sufficiently large to keep the retrotarsal fold on stretch.

The following case report is interesting:

Case 1.—R. Z., a boy, aged fifteen, was agitating sulphuric acid in which he had placed a strong alkali. The ensuing explosion produced severe burns about the face and neck, second degree burns of the eyelids, cornea and bulbar conjunctiva of the left eye which presented a cooked appearance. The palpebral conjunctiva was involved into the fornix. The patient states that an attempt at neutralization was made with sodium bicarbonate solution used in both eyes five minutes after the accident. The right eye was only slightly injured.

The patient was hospitalized and the usual treatment of atropine, cold applications and fat beneath the lids, was instituted. On the following day there was extensive swelling, edema of the lids and a profuse exudation of serous fluid. A canthotomy of the left eye was contemplated, but by evening of the second day the swelling had subsided sufficiently that it was thought unnecessary.

The glass symblepharon plate was pushed between the lids and left in place for a period of eight days. It was well tolerated by the patient after the first twelve hours. The edema of the lids rapidly subsided under ice compresses and general care. The conjunctival surfaces healed and the glass was removed. There were no adhesions.

The boy was dismissed from the hospital after a period of two weeks from the date of entrance and was seen daily at my office. At this date, June 20, 1932, a period of nine weeks, the eye shows a scar on the lower half of the cornea about 2 by 4 millimeters in area and there is a slight contraction of the lids, which does not interfere with function. There is a complete re-establishment of peri-corneal circulation. The vision is about 20-100, which will be materially improved with further treatment.

We report this case because, in our opinion, it is an unusual result from a very severe acid burn. To have saved the eye would have been an accomplishment, but to have useful vision and saved the patient the added torture of rebuilding lids, we think justifies the report and use of this appliance.

The appliance in this case was made of glass. Other materials could be used. It was ground slightly larger in area than the usual prosthesis with a large round opening made at a place for the cornea. We think this was poor judgment as it was impossible to fit the aperture over the cornea. Next time we shall omit this opening, cutting only several small holes for the admittance of medication.

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ENDOCRINOLOGY IN OBSTETRICS

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In spite of the facts amassed by biologists, anatomists and physiologists, during the last decade, placing endocrinology upon a firm basis, the profession in general has been slow to accept or apply these truths clinically. This skepticism, on the part of the physician, is not entirely without reason. Heretofore this field has been shadowed with a veil of unwarranted therapeutic and highly improbable theoretical claims, even bordering on quackery. As a result, the majority of the profession has religiously avoided this field and has made no effort to follow the interesting and exact experimental work which has been done.

It is especially important for the obstetrician to familiarize himself with the development of endocrinology, for the child-bearing state, over which he is the guardian, is the severest strain the endocrine system is called on to bear. Therapy is naturally divided into prophylactic and curative treatment. Prophylactic treatment is the ideal and fills every concept of preventive medicine. It is this role that the obstetrician will eventually play in endocrinology. There is abundant experimental proof that endocrinopathies are directly or indirectly transmitted from the parent to the offspring. There is also some experimental evidence that such transmission can be prevented if recognized and treated.

Dr. Oscar Riddle, at Cold Springs Harbor, New York, has succeeded in rearing three colonies of pigeons in which he can predict their separate levels of thyroid function before hatching. Dr. Phillip Smith, of Columbia, has succeeded in rearing a colony of rats which all show pituitary hypofunction in their successive generations. This pituitary failure is evidenced by uniform undergrowth.

Dr. Marine reports a convincing experiment with a female dog having goiter. This dog first had a litter of puppies all of which had goiter. She was then given treatment which was carried through her second pregnancy and in this litter there was a complete absence of goiter.

In the field of obstetrics two hormones have been evolved, but so far have not been evaluated clinically. The first is "theelin," or the female sex hormone, derived from the ovary. The second is the pituitary sex hormone derived from the anterior lobe of the hypophysis. Similar, or the same, hormones are elaborated in excess and excreted in the urine during pregnancy. It must be evident that unless we, as clinicians, coöperate these works will be lost clinically.

At the present time the clinical application of endocrinology is in its infancy and recognizable symptomatology is not far advanced. To make a beginning, the following signs are set forth as possible evidence of lack of endocrine response in a human during pregnancy.

Careful inquiry into the family history will frequently disclose some type of endocrinopathy in the parent, more frequently in the mother. We believe that the common disorders so transmitted are the thyroidisms and the pituitarisms. In the thyroidisms, the history of struma, or thyroid over- or under-function may be obtained. In the pituitarisms the history will disclose usually an over- or under-growth.

During pregnancy the signs of thyroid failure are very often seen. They consist of mild myxedema, alabaster color, thickness, dryness and inelasticity of the skin, puffiness about the dorsum of the hands and fingers, fat pads in the supraclavicular and chin regions, unusual weight gain, sub-normal temperature, and slow pulse and diminished basal metabolic rate, below plus 10. Plus 15 is the normal rate after the first trimester. Such signs, if allowed to continue during pregnancy, without treatment usually result in a child very much overweight at birth, which during the course of its development will show the signs of thyroid under-function: complete athyrosis, congenital myxedema, or the milder forms of sub-thyroidism with their chain of mental and physical retardation. Treatment here is simple and consists of thyroid replacement sufficient to produce a normal metabolic rate with relief of the symptoms described. In the pituitarisms, in addition to

the over-growth or under-growth elicited in the family history, the following are looked upon as symptoms showing lack of pituitary response during gravidity: osteophytic changes about the joints, unusual chloasmas and pigmentations, tendency to blunting of the peak bones, coarseness of the facial features and an unusual gain in weight. Gain of less than 15 pounds or more than 25 pounds during pregnancy is considered abnormal. Dr. Zondek reports the discovery of a substance called "intermedin" which is derived from the middle lobe of the hypophysis. This, he believes, plays an important role in the control of skin pigmentation and especially during pregnancy because it is at this time these abnormal pigmentations are frequently initiated.

The treatment of pituitarisms during pregnancy is not as yet clear, but as the different hormones of this gland are found and standardized much can be expected.

It is well recognized that pregnancy is an important etiological factor in the development of thyrotoxicosis. The signs of thyroid hyperfunction are so generally known as to need little emphasis. Its recognition demands careful observance and wise judgment in so far as advice and treatment are concerned. A mild thyrotoxicosis can well be carried on with safety until term has been completed. The termination of pregnancy frequently results in a normal resumption of thyroid balance. One is justified under these circumstances in temporizing, as far as surgical treatment is concerned. If the signs of thyrotoxicosis become aggravated during pregnancy, or do not subside at the termination of pregnancy, surgical intervention may become advisable.

The final chapter of the so-called syndrome "Toxemia of Pregnancy" has not been written and it is hoped that investigation in this field may shed some light which will reduce its terrific mortality. Although many glandular products have been used by various clinicians with reported benefit, at this writing there is nothing definite to offer, clinically, in the toxemias. The hypothyroid states in pregnancy can, and do occasionally, simulate these conditions and treatment with thyroid extract is very apt to result in improvement.

Dystocia resulting from an abnormally large baby can very often be obviated. This has been done in our own experience and that of others. Given a history of preceding pregnancy with an abnormally large child, one may reduce the weight of the oncoming infant if thyroid extract is administered to tolerance, bearing in mind that its administration is only warranted under the most careful observance, including determinations of the basal metabolic rate.

The obstetrician should write the brightest chapter in this new and rapidly developing field. It is his duty now to recognize symptoms which show evident lack of endocrine response in the gravid state and apply proven therapy. More important, it is his duty to develop this new field by the interpretation and discovery of new symptoms, and the evaluation of new therapeutic agents. Then he will be in a position to institute definite and specific therapy which will preclude the birth of endocrinopaths, and in this way he will prove an able guardian for the health and well being of the two lives with which he is charged.

504 KRESGE BLDG.

A BATTLE IMPENDING BETWEEN THE MEDICAL PROFESSION AND PREDATORY INTERESTS

According to Dr. J. N. Baker, Officer of Public Health, State of Alabama, who recently addressed the members of the Massachusetts Medical Society at its Annual Dinner, there is a battle impending between the medical profession and the controlling interests of sociologists, economists, industrialists and insurance magnates who seem to have combined in a merger for the control of medical service. He believes that in this test of strength, medical statesmen are needed as leaders and that they should be equipped with a wide experience and have access to information upon widely diversified subjects.

Public health officers must be in coöperation with the practitioners. Hence these two groups, organized medicine and public health, must not fail to realize that they will stand or fall together.—New England Medical Journal.

EPIDERMOPHYTOSIS OF THE HANDS AND FEET*

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I believe that it is no exaggeration to say that the one skin disease that is causing the medical profession as a whole more anxiety than any other, is the one to which has been given the generic term of dermatophytosis. This term attempts to cover that entire group of parasitic diseases of the hands, feet, and other parts of the body which have been known under the terms eczema cruris, trench feet, athlete's foot, ringworm of the hands and feet, et cetera.

Not only the profession, but the public, in its schools, colleges, athletic clubs, golf clubs, swimming pools, bathing beaches, and elsewhere, are all concerned in this medical problem. More magazine and newspaper space, both in its columns and in its advertising, has been given this disease than any other known skin disease, so that we may safely say that the world is now "ringworm conscious."

HISTORICAL DATA

We read in the medical literature about the "newer ringworm." We wonder just how "new" this condition is, so it may be interesting to present a brief history of the recognition of this condition.

As far back as 1857 Devergie gave a description of tinea cruris and stated at the time that the same eruption might occur on other parts of the body, including the extremities. Hebra, in 1860, published a description of this disease, and in 1864 Kolner demonstrated mycelia. In 1908 Whitfield described a series of six cases in which the most characteristic lesions were vesiculation and maceration between the toes; in some there was scaling on the palms and soles, and in one vesicles on the dorsal surface of the forefinger. He demonstrated a fungus in all of these cases. In 1910 Sabouraud published a résumé of the entire subject, demonstrating epidermophytosis in lesions from the foot in several cases and in one from the hand, and, in addition, cultured a number of these fungi. In 1911 both Whitfield and Sabouraud presented papers on this topic at the Royal Medical Society. This was followed by a group of reports, namely Montgomery and Culver in 1914, by Hartzel in 1915, and Ormsby and Mitchell in 1916. In 1919 C. J. White classified all of the various groups as epidermophytosis and from then on the number of articles published became legion. Williams, in 1921, presented a study of eruptions on the hands and feet, going into a tremendous lot of detail, taking scrapings and cultures in every case.

In 1926, at a meeting of the American Dermatological Association, C. J. White, Fred D. Weidman, and Charles M. Williams discussed the various phases of Epidermophytosis and summarized all the known facts about the disease. By this time a large number of cases were reported with microscopic and cultural details all more or less corresponding to what has been aforementioned. In the Public Health Bulletin, September, 1928, Surgeon General H. Cummings of the U. S. Public Health Service stated that within the past few years, throughout the whole United States, many persons have been affected with an eruption of the hands and feet that is most marked during the hot weather; that in many people the disease is not only not a mild one, but disabling. He reviewed the parasitic causes and gave some differential diagnoses cautioning against the spread of infection through bath houses, gymnasiums, golf clubs, et cetera.

From 1927 to 1930 Williams' idea that the lesions on the hands in a great many instances were epidermophytids rather than epidermophytosis, became more current and, in July, 1930, Peck, in the Archives, published an extensive article proving by clinical, histologic, cultural, and experimental studies that this was a fact. Briefly, he established the presence of fungi in the lesions of the feet and the absence of them in lesions on the hands. He cultured the

*Read before the Section on Dermatology of the Michigan State Medical Society at its annual meeting in Pontiac, Michigan, September 23-24, 1931.

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fungi, reproduced the disease experimentally on the human being, and found the latter production of dermophytid on the hands, coming to the conclusion "that the vesicular and squamous changes on the hands which accompany so many of the cases of epidermophytosis of the feet are epidermophytids secondary to the hematogenous transport of living fungi from the primary lesions of the feet."

INCIDENCE

Hazen states that the frequency of eczematoid ringworm in his practice is between nine and ten per cent of all new patients, while on the basis of other reports the percentage of cases is probably considerably higher. In studying a series of 161 consecutive cases in private practice, he finds that, apparently, the disease is most frequently acquired by treading where the unshod have trod. Many cases are acquired from the runways of swimming pools, from the floors of athletic clubs and from bath mats. Emphasizing the serious disability which is frequently produced by this disease, he found that with seventeen patients in his series there was a total disability for periods varying from two weeks to one year. Fourteen were disabled for from one to two weeks, and thirty-two showed a marked partial disability.

The toes of one hundred students were examined by S. H. Hulsey and F. M. Jordan, who found 67 per cent with clinically positive ringworm, 49 per cent were positive microscopically, while only 5 per cent were culturally positive.

Legge and others discussed the incidence of foot ringworm in relation to gymnasium hygiene. At the University of California they found that the incidence of ringworm of the feet among 3,100 freshmen entrants was 53.3 per cent in men and 15.3 per cent among women. At the terminal period of the Spring semester another survey was made of one thousand men and nine hundred ninety-seven women, who had been engaged for two semesters in physical education, and who had entree to the showers, swimming pools, and apparatus. It was now found that 78.6 per cent of the men and 17.3 per cent of the women had clinical manifestations of ringworm. The incidence increase among the women was only 2 per cent, while among the men 25.3 per cent. They believed that this discrepancy was due to the fact that the women occupied a new gymnasium equipped with every known sanitary device, while the men occupied an inadequate gymnasium in which proper control measures were not used.

Shafer, examining 7,500 school children in Detroit, finds that the incidence increases rapidly with the age or school grade of the child. Three per cent of those in the first grade show involvement and this increases until those in the twelfth grade show 75 per cent involvement. It does not seem to be material whether there are swimming pools in these particular schools or not. The rate of increase seems to be about the same. In our own group of 1,000 cases taken from both clinic and private practice, we find the age of incidence as shown in Chart I.

CHART I. AGE OF INCIDENCE

1—24 months	4
2—10 years	34
10—20 years	196
20—30 years	282
30—40 years	271
40—50 years	173
50—60 years	34
60—70 years	6

Here we will note that the bulk of cases occur between the age of ten and forty years, or during the period of greatest activity of the individual.

One of the most interesting charts to study is the length of time that the patient has had the disease before consultation. Here it will be noted that two weeks, one to two months, and then one to two years form by far the largest number of cases. It is also interesting to note that fifty-one cases stated that they have had some disease of the feet for more than ten years.

CHART II. DURATION OF DISEASE BEFORE CONSULTATION

1 week	16	10 months	7
2 weeks	44	1 year	102
3 weeks	18	2 years	94
1 month	57	3 years	65
2 months	55	4 years	42
3 months	28	5 years	36
4 months	32	6 years	14
5 months	40	7 years	12
6 months	31	8 years	9
7 months	4	9 years	7
8 months	3	More than 10 years	51
9 months	6		

CHART III. OCCUPATION IN RELATION TO NUMBER OF CASES

Housework, or none	145
Student	264
Clerical work	216
Physicians, Nurses and Dentists	98
Salesmen	56
Teachers	26
Lawyers	47
Factory workers	67
Others	85

Chart III speaks for itself.

The relative increase in the number of cases presenting themselves for examination is quite remarkable, as is also the number of cases in which the patient comes in with a self-made diagnosis of "athlete's foot." Fully 30 per cent of all clinic cases coming into the dermatological department of the Grace Hospital present themselves for conditions of the hands and feet.

SYMPTOMATOLOGY AND DIFFERENTIAL DIAGNOSIS

The symptomatology is, of necessity, varied because the part affected may be different, and because secondary infection and occupational dermatoses modify the appearance of the primary involvement.

With Williams, we like to classify the eruptions occurring on the feet in three main classes:

1. Those with the production of callus, with more or less scaling.

2. Those characterized by maceration of the skin between the toes, usually most marked in the third and fourth interspace and in the fold between the little toe and the sole, but may also occur between, or under, any of the toes. In the milder cases there may be merely superficial fissures, or a slight maceration at the very bottom of the fold. The eruption spreads gradually toward the free extremity, usually with tiny, deep vesicles at the advancing border. The eruption may extend along the dorsum, or along the sole, or there may be a considerable amount of swelling with eroded areas from which there is a good deal of exudate.

3. This type is characterized by the appearance of an eruption occurring on the sole, the side of the foot near the sole, and especially on the hollow of the instep. This eruption in its earliest stages consists of small, deep vesicles, sometimes occurring singly, but usually in irregular groups. The skin between the vesicles is, in the earliest stages, normal. As the vesicles grow older, some are ruptured, discharging a small amount of serum, and then dry rapidly. Other vesicles dry without rupturing, leaving a small, characteristic brownish dot.

Chart IV shows the various types of lesions which are generally found. It will be noted that the vesicular, scaling, and macerating types are by far in the greater majority, whereas combined types of two or more types of lesions are quite frequent.

CHART IV. TYPE OF LESION

Vesicular	325	Papular	26
Scaling	360	Callous	58
Macerated	143	Keratotic	46
Fissured	62	Lichenified	21
Combined	289	Epidermophytides	55

THE SITES OF PREDILECTION

The macular and papular types seem to be found over any part of the body surface, the macular form often being found below the breasts, and here the lesions are peculiar in forming macerated, eroded, pustular, or secondary lesions. The areas between the buttocks, between the penis and scrotum, are also often involved. Between the toes, usually in the fourth interspace, we find "a white, clean, parboiled, usually smooth, sometimes wrinkled, condition." This pellicle-like skin can be easily removed, leaving a more or less inflammatory surface.

THE CALLUS TYPE

This type occurs more frequently than statistics would seem to indicate. The favorite site is the feet, and the callus develops usually over the transverse arch and on the heel. It is curiously translucent, the surface is smooth, and the outlines always sharp. Over the heel the growth may be uneven and either dirty white or canary yellow in color.

Chart V is a report from White's article, 1926, and shows that the toes, fingers, both thighs, palms, soles, and axillæ are the areas most involved in this disease.

Recent work seems to show that the bulk of the eruptions on the hands are not dermophytic in themselves, but are dermophytides. These lesions are often complicated by external irritants, or are disguised by treatment. The types usually found on the hands, which may definitely be classified as dermophytic, usually provided the fungus is

found, are the eczematoid type characterized by vesiculation, maceration, and scaling. Also lesions which occur between the fingers, and in which the eruption consists of maceration of the skin. When this macerated epidermis is removed there is a bright red, shiny surface. This type has been described by Fabry, and later by Mitchell as Erosio Interdigitalis Blastomycetica.

CHART V. LOCATION OF LESIONS

White's Report

Location	No. Cases	Location	No. Cases
Toes	341	Bends of Elbows	29
Fingers	279	Labia	24
Both Thighs	264	Nails	23
Palms	235	Penis	22
Soles	148	Flexors of Forearms	22
Axillæ	115	Right Thigh alone	16
Back of Hands	68	Heels	16
Perineum	62	Under Breasts	13
Intergluteal folds	61	Legs	12
Scrotum	59	Umbilicus	11
Instep	57	Neck	10
Backs of Feet	48	Popliteal spaces	9
Left Thigh alone	42	Arms	8
Balls of Feet	40	Trunk	4
Pubes	33	Scalp	2

This disorder usually appears on the web of the finger, and between the ring and middle fingers of one, or both, hands. It is commonly seen in women who have their hands in water in the course of housework. The irritative factors in water seem to be active in continuing the infection. Cultures from cases of this type showed the presence of yeast types of organisms.

The toe nails are often involved in parasitic infection, and various authorities have called attention to the importance of nails as a source of reinfection in epidermophytosis of the feet. The nails may be pitted, discolored, with longitudinal striæ, or there may not be a great difference from the normal in their appearance.

Probably one of the most interesting variations is the appearance of various types of lesions of the scaly variety on the smooth body surfaces, and of a vesicular variety on the hands and between the fingers. From these types no fungi have been recovered and Peck and Sultzberger, in recent work, have demonstrated that these lesions are not those of dermatophytosis, but dermatophytides. One of these men has cultured the blood stream, grown the organism, reinjected the organism into the blood stream, and reproduced the type of lesion. A peculiarity of this condition is that it often appears on vigorous treatment of the primary ringworm lesion.

An interesting observation was made by Yeager. He selected 140 persons with healthy skins and seventy-seven patients with eczema of different types. He subjected the sound parts of their skin to various irritants for a period of twenty-four hours. Only 4 per cent of the skins of normal people showed a reaction to these chemicals. On the other hand, of the eczematous sufferers, 51 per cent developed on the sound parts of their skin a severe vesicular eczema. He commented on the fact of tissue idiosyncrasy. It is more than possible to believe that there exists among individuals a susceptibility, or an idiosyncrasy to the dermophytic infections. This would account for the comparative freedom of certain individuals from infection, and the violence of attacks in predisposed individuals.

Among the etiological factors to be considered are tight woolen bathing suits, leather, such as base balls, gloves, handles of golf clubs, trusses, and shoes worn without stockings, suspensory bandages, and silk stockings. Also, and more important, are the floors of shower baths, swimming pools, gymnasia, and walks of bathing beaches. All of these, apparently, play a part in the spread of this infection.

It would be impossible, in a paper of this type, to give the complete differential diagnosis of dermatophytosis, but such conditions as eczema, syphilis, psoriasis, and lichen planus have to be considered. The vesicle of poison ivy may have a superficial resemblance and, in many persons who handle primrose plants, we frequently see an eruption upon the fingers, and, more rarely, the hands, wrists, and feet.

The rapidly increasing group of occupational dermatoses will have to definitely be taken into consideration when we consider Lane's report on industrial dermatitis, showing that approximately six per cent of the cases of eczema seen were due to industrial causes. We oftentimes wonder whether a number of these cases might not possibly be either dermatophytosis, or dermophytids complicated by local irritation and pyogenic infection.

DIAGNOSTIC AIDS

Inasmuch as a great variety of microorganisms are concerned in dermophytosis,

it may be well to know some of the non-clinical aids in making a diagnosis. The fungus is found in the skin and in the scales, and scrapings may be collected for microscopic examination, of material preferably chosen from the margin of the patch involved. On these scales a few drops of twenty to forty per cent sodium hydroxide solution are placed. A period of time is allowed to elapse for digestion of the scales, and the preparation is then ready for examination under the microscope. The only difficulty which arises is that the fungus is not always found, even in definite cases of ringworm. In other cases imperfect microscopic technic renders the recognition of the parasite impossible. Inoculation of culture tubes containing Sabouraud's media will, in a number of cases, give positive cultures. In the scrapings, the types most usually found are the long, branching forms, and a type called the mosaic fungus, about which there is a question as to pathogenicity, and budding yeast cells.

Recently another method of diagnosis has been evolved. This consists of the intradermal injection of trichophyton, a "ringworm extract." This procedure is performed by diluting trichophytin, using dilutions of from 1-50 to 1-5. The diluent consists of sterile distilled water to which five drops of carbolic acid is added to every one hundred cubic centimeters. The injection is made intradermally, using moderate pressure and producing a white wheal. Injections start at dilutions of one to fifty, then one to thirty, one to ten, and one to five. Positive reaction is denoted by the presence of a well-defined, slightly raised area of redness, varying in size from three-quarters to one and one-quarter inches, and appearing within twenty-four hours.

MYCOLOGY

The two groups of infections which seem to be at the bottom of most of the parasitic infections reported are the trichophyton group, of which Chart VI gives a list of the main varieties, and the group of the yeast infections, and Beeson and Church have classified the groups found as follows:

1. Saccharomyces, with budding forms in culture, mycelium absent or present only in traces, asci present.
2. Cryptococcus, with findings similar to saccharomyces, but lacking asci.
3. Endomyces, with budding forms, mycelium well developed, septate or not, branched or not, asci present.
4. Monilia, with the same findings as endomyces, except for the absence of asci.
5. Odium with budding forms present, mycelium well developed, oval or rectangular, arthrospores present.

The mycology is, apparently, so involved that to one who is not a mycologist it would be hard to follow the difference in type.

CHART VI. SUMMARY OF AMERICAN SPECIES

	Cases
Trichophyton interdigitale	140
Epidermophyton cruris	54
Unidentified	20
Trichophyton rubrum	17
Trichophyton gypseum	17
Oidium albicans	8
Trichophyton asteroides	3
Trichophyton pedis	3
Trichophyton acuminatus	2
Trichophyton granulosum	2
Trichophyton lacticolor	2
Trichophyton plicatile	1
Trichophyton amethysticum	1
Trichophyton violaceum	1
Sporotrichum schenkii	1
Total	272

PROPHYLAXIS

It is of the utmost importance that a decided effort be made to confine the disease to the person infected, and to prevent the spread of the parasite to other members of the patient's family and those with whom he might come in contact. The infected areas should be kept covered with garments that are easily sterilized. Cotton socks should be worn on the feet, and cotton underclothes should be worn on the body. These should be changed daily and the clothing boiled. Silk, wool, and leather should not be worn. The patient should never stand on a shower bath floor without foot covering, nor should he stand upon the floor of the bathroom without some foot covering that can be easily destroyed, or sterilized. Bath mats should not be used in the bathroom. Paper or newspapers can be used and these later can be burned. Patient should have his own towels and soap. The floors of the bathroom should be washed frequently with an antiseptic solution. The problem of disinfection or sterilizing the floors of gymnasia, bathing pools, and shower baths in clubs is one of great

moment and one which has not yet been solved. Perhaps the discussion will bring out some plans for the accomplishment of this object. Inasmuch as reinfection plays an important part in those cases which have been considered as cured, I greatly fear that this problem will have to be properly answered before the number of cases of this disease are diminished.

TREATMENT

The treatment more or less depends upon the type of epidermophytosis present and upon the local effect of the disease on the hands or feet. It is evident on the face of it that it would be a physical impossibility to use a strong Whitfield ointment on an acutely inflamed area, yet this is being done regularly, with disastrous results to the patient's physical condition and to his morale. It is my opinion that every acute inflammatory stage of this disease should be treated by lotions, either aluminum acetate solution 1-10, or potassium permanganate 1-1000 to 1-5000 solution. If there is a great deal of disability patient should be put to bed while the wet dressings are being constantly applied. Following the wet dressing an ointment such as the following may be applied:

Rx Acid salicylic	gr. 15
Resorcin	gr. 15
Tar ointment USP	dr. 1
ZnO	dr. 1
Ung. Aq. rosae qs ad	oz. 1

This has a healing, as well as soothing quality and, in our hands, has rendered yeoman service. If you like, the case may then be finished up with a Whitfield ointment, using a Whitfield ointment at night following a potassium permanganate foot bath. In the morning the Whitfield is wiped off and the feet, the socks, and the shoes powdered with an antiseptic powder containing either salicylic acid 3 per cent, boric 10 per cent, or such a powder as bismuth formic iodide.

Where we are confronted with the vesicular type, the vesicles should be opened aseptically and the lesions painted with 1-200 tincture of metaphen. Calluses and keratotic lesions should be soaked in a 20 per cent potassium hydroxide for ten minutes, then scraped with a sharp knife, after which Whitfield ointment may be applied. Castellani's solution, the formula for which is hereby appended has rendered us good service in a large number of cases. X-ray therapy, using small fractional doses of X-ray weekly, has been a great aid in clearing up some of the more stubborn cases. Where epidermophytides are present, the X-ray in invaluable. Here, the X-ray is also used in fractional doses.

CASTELLANI'S SOLUTION

Rx Saturated alcoholic sol. of basic fuchsin	10 c.c.
5 per cent carbolic sol	100 c.c.
Filter and add	
Boric acid	1 gm.
After two hours add	
Acetone	5 c.c.
Two hours later	
Resorcinol	10 gms.
The paint should be kept in a dark colored bottle with a glass stopper.	

Various investigators found that, when using trichophytin as a diagnostic aid, there was improvement in the parasitic condition and Van Dyke et al. report, in May, 1931, a group of 100 cases in which epidermophytosis was treated by means of intradermal injections of trichophytin. They report the following statistics:

	Per cent
Apparently cured	32
Greatly improved	28
Slightly improved	21
Unimproved	19

I believe that these statistics are sufficiently valuable and, inasmuch as they are borne out by other reports, that cases of epidermophytosis may be treated by intradermal injections of trichophytin, beginning with 1-50 dilutions and increasing to 1-5.

SUMMARY

1. Epidermophytosis is today, in all probability, the most common skin disease that we encounter.

2. It has been known since 1860, and has been particularly of interest since 1919.

3. A summary of the incidence, including the age, duration of disease, occupation, etc., is given.

4. The symptoms of this condition are varied because of the parts affected, and because of the frequency of secondary infection, and occupational dermatoses.

5. The etiological factors to be considered are the floors of shower baths, swimming pools, gymnasia, walks of bathing beaches, leather, silk, and wool garments,

and, above all, carelessness in observing the rules of hygiene.

6. The microscope, the culture tube, and injections of trichophytin are aids in diagnosing this disease.

7. Treatment of this disease is varied and presents considerable difficulty. A number of formulas for favorite methods of treatment are given.

CONCLUSIONS

The enormous increase in the number of cases of epidermophytosis seen in the United States has brought this disease to epidemic proportions, and it is costing the people enormous sums of money for its eradication.

In this paper we have tried to offer a bird's-eye view of the situation, which some suggestions for a conservative method of treating this disease.

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SYPHILITIC CIRRHOSIS OF THE LIVER*

WITH A CASE REPORT

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A review of the literature on late syphilis of the liver reveals that this condition is of very infrequent occurrence. LeDuc[1] reports the finding of only nineteen cases out of over 4,000 autopsies at the University of Michigan. He also found that syphilis was associated with atrophic cirrhosis in 60 per cent of the cases. However, Symmers[2] discovered only 28 per cent thus associated. Brunsting[3] found only one case out of every 2,000 admissions at the Mayo Clinic. Joukovsky[4] reported hepatic syphilis in an infant four months of age, which is very rare. The incidence of clinical syphilis is probably higher than is thought because it was demonstrated by Phillips[5] to be present seven times more frequently in autopsy material than was found clinically.

Alcoholism is often elicited in the history. McCrae and Caven[11] think that alcohol may be a contributing factor but do not believe that syphilis is added to an alcoholic cirrhosis. Symmers[2] is also of the opinion that alcohol plays a secondary rôle in the etiology of even atrophic cirrhosis, and states further that there is a group of cases of atrophic cirrhosis as described by Laennec in which syphilis is the primary etiological factor and alcohol, if it enters into the process at all, is a contributory and not an essential factor. Owen[6] also states that the frequent association of syphilis with Laennec's cirrhosis indicates it to be an etiological factor. Friedenwald and Morrison[7] believe that alcohol, malarial infections, and previous jaundice are predisposing factors. Owen[6] further believes that chronic infectious processes, such as chronic arthritis and endocarditis, have been found associated with syphilitic cirrhosis a sufficient number of times to warrant further study. McNeil[8] is of the opinion that in some instances syphilitic cirrhosis is a result of early acute or subacute hepatitis.

Late syphilis of the liver occurs as a diffuse cirrhosis or as a gummatous affection. The cirrhosis may be biliary, in which case jaundice results, or it may be portal, which will result in ascites. Gummata may be miliary and diffuse throughout the liver or there may be a single gumma present or

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large nodular gummata. Diagnosis is often more difficult when miliary gummata are present because of likelihood of confusing the condition with, perhaps, malignancy, and if ascites is present, with portal cirrhosis of Laennec's type. O'Leary[9] is of the opinion

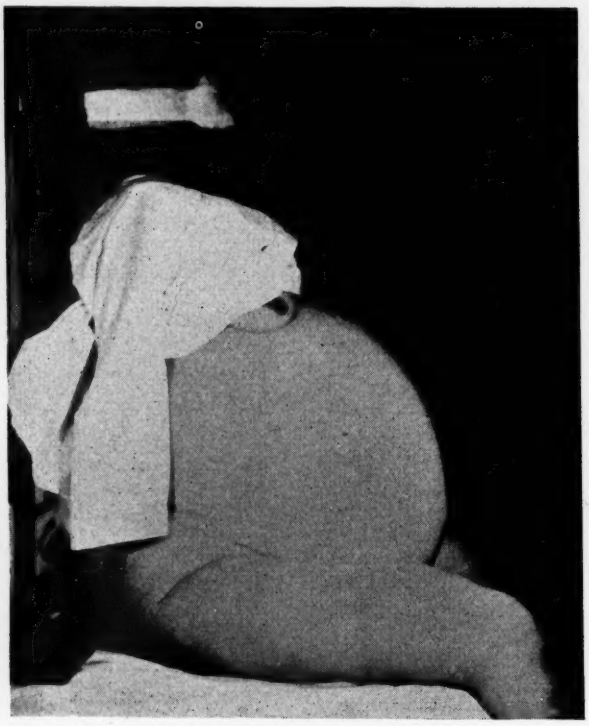

Fig. 1. Photograph of patient before first tapping.

that no one condition exists alone, but that there is usually a combination of a diffuse hepatitis, some cirrhosis and also some gummatous involvement. Rolleston[10] states that gummata and ordinary portal cirrhosis seldom coexist.

CASE REPORT

Mrs. T. G., J-1765, aged forty-eight, married, American, entered the Clinic, October 18, 1931. Chief complaint was swelling of the abdomen for past two years, and loss of flesh in face and arms for past year and a half. Patient states that up until five years ago she was in good health. At this time, there was noticed some pain in the upper right quadrant which was not severe and did not radiate to the back. There was no other complaint at this time but had the condition investigated in a Detroit hospital, where she was advised to have her gallbladder removed. This was refused and she took up Christian Science, following which, she claimed, all her discomfort disappeared. On this account it was difficult to elicit signs and symptoms that might have developed. Her husband sent her to us. She told us, however, that she first noticed a swelling in the abdomen two years ago. Also, that there have been a few remissions in this, but lately the abdomen has progressively become larger. There has been no pain. Soon after, the legs began to swell and at present, fluid seeps through the skin of the feet and ankles. The swelling involves all the tissues up to the upper extremities. There has been some nausea and patient cannot eat or drink much at a time. There is infrequent urination of small amounts. Patient has noticed a marked loss of flesh in her face and arms. She gives a history of drinking alcoholic beverages up until two years ago. She has no respiratory difficulty but says she has a little trouble getting about. At the present time menses are becoming irregular and scanty.

Family history discloses that her mother died of dropsy and a stroke. One sister has tuberculosis but there has been no contact.

Past history disclosed one pregnancy which resulted in miscarriage at five months. She was advised to have tonsils removed five years ago. Otherwise past history was essentially negative.

Physical examination revealed a middle aged female, quite emaciated about face and upper extremities but showing a mammoth distention of the abdomen with large dilated surface veins and extensive edema of two-thirds of body and lower extremities. Temperature was normal. Pulse 80, blood pressure 120/90. Height 5 feet, 6 inches. Weight 260 pounds. Pupils were found to be equal and reacted to light and accommodation. Tonsils were large and very cryptic. Thyroid was not enlarged but the eyes were somewhat prominent, due probably to the loss of flesh. No glandular enlargement that could be revealed at this time. The lungs showed the diaphragm to be high and the air capacity encroached upon. There were no râles heard, however. Cardiac dullness was hard to elicit, but there was a blowing systolic murmur heard at the apex but was not transmitted. The abdomen could not be palpated because of the hugeness of it. Surface veins were greatly engorged. The lower extremities presented an angry red, partially macerated skin about the ankles and lower legs because of the continuous seepage of fluid through the skin. Edema extended up to the upper extremities and neck. The reflexes were all present and equal.

Laboratory data disclosd a urine with 1 plus albumin and 20 white blood cells per high power field. Blood hemoglobin (Sahli) was 70 per cent and red blood count 4,200,000. Wassermann and Kahn tests were both strongly positive (4 plus). Non-protein nitrogen was 30 mgs. per 100 c.c., icterus index was 7. Spinal fluid was negative throughout. Guinea pig inoculation was negative. Ascitic fluid had the properties of a transudate. A gastro-intestinal series revealed no pathology but did show a narrowed, distorted, and defective duodenum due to external pressure. The chest plate showed the diaphragm, heart and lungs to be pushed upward. Only a small amount of lung field was visible.

An interesting statement made by the patient was that after the first paracentesis she was able for the first time to see over her abdomen while lying down. The patient was tapped five times, removing 8, 16, 8, 8 and 3.5 quarts successively over a period of two and a half weeks, or a total of 44 quarts. The liver was found to be two fingerbreadths below the costal margin. No nodules were palpated. The spleen was not felt. Patient was placed on ammonium chloride and salyrgan, but the fluid continued to develop. However, after iodides and mercury were started, improvement was noted almost immediately. The patient's weight was 130 pounds after the final paracentesis. Four and one-half months later, patient is in extremely good health and has gained 30 pounds in flesh. The liver is smaller but still just palpable below the right costal margin. The Wassermann and Kahn reactions have

been continuously strongly positive, although on one occasion both were negative. This latter finding is often found in the treatment of syphilis.

The diagnosis of syphilis of the liver is made by exclusion and on collateral evidence as may be obtained by the history, Wassermann reaction, laboratory findings, results of anti-luetic treatment, and a long period of observation. Gummata of the liver is perhaps the only condition which may be diagnosed by clinical findings alone. Difficulties in diagnosis are readily seen. McCrae and Caven[11] report a case which had been in a tuberculosis sanatorium for two years, and another which had been operated upon for acute cholecystitis. One case observed by Hunter[12] was given quinine for a suspected malaria, but when the patient obtained no relief, aspiration of the liver was attempted for a suspected hepatic abscess. It was not until the Wassermann proved to be positive that anti-luetic treatment was started. Three days later, the fever dropped to normal. The same author had another case which was scheduled for an exploratory operation, but when the blood was found to be positive, anti-luetic treatment was started instead and improvement was immediate. Turner[13] reports having removed from the liver a large tumor size mass in a case with a negative Wassermann but which proved to be a gumma. Korns[14] described a case simulating Banti's syndrome in the terminal stages. McCrae and Caven[15] relate other cases diagnosed splenic anemia because of the large size of the spleen, tuberculous peritonitis because it was thought that the nodular liver was a thickened omentum, malignancy, portal cirrhosis, Hodgkin's and amyloid disease. Two of their cases had such severe cardiac conditions that the enlarged liver was ascribed to that. Cunston[16] believes that many cases would probably be diagnosed Laennec's cirrhosis had it not been for the favorable response to anti-luetic treatment.

According to Rolleston and McNee,[10] the age incidence is between twenty-five and fifty years. Ten to twenty years is the usual time interval between the primary infection and the appearance of late hepatic syphilis, although cases have been found as early as one year after infection. Friedenwald and Morrison[7] place the incidence between three and one-half to twenty years; and also add that males are more susceptible. They obtained a positive history in 40 per cent of their cases.

The most common complaint is swelling of the abdomen. This may be from ascites or enlargement of the liver. The latter may be from a generalized cirrhosis or as a result of a large, localized gumma.

Rolleston[10] believes that syphilitic lesions are more marked in the right lobe than in the left but that the left may be the larger because of a gumma or by a hypertrophy compensating for a destruction in the right lobe. McCrae,[11] on the other hand, states that the left lobe of the liver is most frequently involved, being either smooth, nodular, or containing one mass alone or associated with smaller ones. Friedenwald[7] also thinks that the left lobe is more frequently the seat of the large nodular type of gummata. Mullally[17] believes that the atrophy or hypertrophy of the right and left lobes might be explained by a thrombosis of the superior mesenteric which will produce an atrophy of the left lobe. O'Leary et al.[18] state that a large liver and a slightly enlarged spleen suggest an early cirrhosis, whereas a small liver and a large spleen is late and of long standing. He also says that the degree and extent of the hepatitis controls the rapidity of the development of cirrhosis.

Often, there can be elicited a history of previous tappings with intervening periods of good health. Ascites frequently is early in both hepatitis and cirrhosis. Associated with the abdominal distention are large and engorged surface veins. Abrahamson[19] describes a case in which a gumma of the liver produced pressure on the inferior vena cava causing the formation of a thrombosis with a resultant caput medusæ. McCrae[11] reports a case in which 19 and 22 liters were removed on two occasions within six months. He found that lymphocytes usually predominate. Of seven Wassermann tests carried out on ascitic fluid, four were positive and three were negative. A striking observation is the rapidity with which this fluid is absorbed on antiluetic treatment.

The next most frequent complaint is pain. This may be very severe, and, as we have seen, may easily simulate gall-bladder colic, even radiating to the back. However, O'Leary[9] states that gallstones are frequently associated and so account for the pain.

Friedenwald[7] believes that distention of the capsule produces the pain.

Another common finding is fever, which often misleads one, and has caused tuberculosis, malaria, liver abscess, etc., to be diagnosed. In one of McCrae's cases fever had existed for eighteen months. It dropped to normal in a few days after anti-luetic treatment was instituted. Friedman[20] recites a case where the temperature went as high as 106, but it came down to normal in four days after starting specific treatment. Klernferer is of the opinion that the fever is due to the ulceration of gummata, while Huber[21] believes it to be due to an associated low grade peritonitis. As a rule the fever is not high.

Wile[21] feels that the enlargement of the spleen is one of the earliest and most important common findings. He believes it to be due to chronic passive congestion or associated with amyloid changes. Mullally[17] finds splenic enlargement greater in biliary than in portal cirrhosis. O'Leary[9] states that splenic enlargement is a sign of cirrhosis. In McCrae's series,[11] 50 per cent showed an enlarged spleen. In one case, a gumma was found.

Hematemesis or melena is a very bad prognostic finding, and usually results from esophageal varices. Synge[22] reports a case in which hematemesis caused the hemoglobin to be lowered to 20 per cent and the red blood cells to 1,700,000 and later death. Other findings frequently encountered are: various degrees of jaundice, loss of weight, emaciation, which may be a striking feature, dyspnea, vomiting, and various amounts of edema.

Blood findings are not specific. There may be various degrees of secondary anemia, usually mild. Occasionally there is a moderate leukocytosis. Rolleston states that leukocytosis suggests hepatic abscess rather than syphilis.

According to Phillips,[5] 90 per cent will show a positive Wassermann. Davis[23] described a case which showed a negative Wassermann reaction of blood and fluid, an enlarged liver and spleen, jaundice, fever, and a response to specific treatment. McCrae[15] also states that a negative Wassermann, in view of clinical data, should be ruled out. He further adds that a therapeutic test is important in obscure cases and is without danger. The Wassermann test is more often negative in hepatic syphilis than in any other visceral syphilis. Gunston[16] also states that a favorable response to anti-luetic treatment is sufficient to diagnose a case in spite of a negative Wassermann in the blood and fluid. Rolleston[10] even goes so far as to say that failure to respond to specific treatment is not diagnostic and may be due to cicatrices, thus preventing any favorable effect upon the cirrhosis.

The consensus of opinion as to treatment is quite uniform. The use of mercury and iodides is considered the best form of treatment. In conjunction with these, O'Leary[9] points out that the diet should be high in carbohydrates, that no drugs injurious to the liver should be given, and that the diuretics have replaced paracenteses except in the terminal stages. Even the above drugs should be used cautiously. Wile[24] believes that treatment should not be intensive because of the danger of producing a scar, which is the tendency both of the disease and of the treatment. He also adds that arsenic may be given after the patient has responded favorably to mercury and the iodides. O'Leary[25] finds that gummata not associated with a diffuse hepatitis is the only form in which arsphenamine is tolerated satisfactorily. Brunsting[3] observed that mercury by mouth is the best way, and if improvement is noted it can then be given by muscle or by inunctions. Braun (Baltimore) is of this same opnion and adds that arsenic is very dangerous. Specific treatment will influence the syphilitic process but not its results. It is a common clinical finding that the Wassermann reaction is very prone to remain positive and that intensive treatment carried out to make it negative is very injurious to the liver.

The prognosis is generally very good. Patients usually die from some other cause than syphilis of the liver. Life expectancy is found to be best in those cases showing only gummatous involvement, next hepatitis and lastly the group with cirrhosis. The hypertrophic livers respond much better than the atrophic type. Wile believes that the prognosis is no worse than non-syphilitic interstitial hepatitis and he often finds that as the syphilis becomes better the symptoms are worse, because of the further contraction of the liver. However, he finds that early cases respond better. O'Leary has found that those cases which show a good

liver function by those tests most generally used (bromsulphalein, etc.) respond better to treatment and offer a much better prognosis. He also discovered that in those cases showing poor liver function treatment increased this dysfunction.

SUMMARY

1. Résumé of the literature is given with a complete bibliography.

2. A typical and unusual case is reported.

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PROLAPSE OF RECTUM

Edward G. Martin, Detroit (*Journal A. M. A.*, July 30, 1932), presents the following classification of prolapse of the rectum which was determined by the extent or degree of the prolapse and the sequence of its development: First degree: internal or "concealed" prolapse; invagination of (sigmoid) pelvic colon into rectum; ptoses of pelvic colon. Second degree: rectum is protruded through anus. (A perianal sulcus is present; the anus is not involved.) Third degree: prolapsed colon, rectum and anus (no perianal sulcus present). Complete anorectal prolapse. Procidentia. Partial or mucous prolapse. (Commonly seen in childhood.) In the operative treatment the pelvic colon is pulled up until the rectum is taut and is fixed there; this cures the prolapse. Occasionally some supplemental repair may be desirable. The author describes the technic of colon fixation thus: A left rectus incision extending from the tubes to the ubilicus is made with a high Trendelenburg position. Assisted by a self-retaining retractor, the small bowel is packed off, exposing the colon, which is pulled up taut and quickly tied in position to determine the exact and relative location of the proposed fixation. The general location of the left ureter, mesial to the psoas major, should be borne in mind. The psoas minor, which is a tensor of the iliacus fascia and has some mobility, makes an excellent location for the fixation, the tendinous portion being used. The iliacus fascia is more commonly used with no particular advantage other than it is always present and accessible. A 3 or 4 inch incision is made through the retroperitoneum and areolar tissue over the site chosen for fixation, the tendon or fascia being exposed. A number 1 chromicized gut suture is first placed through the longitudinal band of the colon, a little below a point where it is then to be inserted into the psoas minor or the fascia of the iliacus, and left untied. Four or five sutures are then placed about one-half inch apart in relative positions. When the first or lower suture is tied it pulls the colon up and in approximation to the exposed fascia; the other sutures are then tied successively. The lateral or outer edge of the peritoneum is sutured lightly over this fixation area to the colon, a fine needle with fine plain catgut being used, thereby covering all raw areas. It has been found unnecessary to suture the mesial edge of the peritoneum to the intestine, since it is in apposition to it after the fixation sutures are tied. It has also been found unnecessary to denude the colon at the area to be fixed. The usual abdominal closure completes the operation, and routine postoperative care is given with the patient in bed for at least ten days. A daily saline enema with evacuation in the recumbent posture is suggested for thirty days.

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NOVEMBER, 1932

"I hold every man a debtor to his profession, from the which as men of course do seek to receive countenance and profit, so ought they of duty to endeavor themselves, by way of amends, to be a help and ornament thereunto."

—Francis Bacon

EDITORIAL

THE ANNUAL CONVENTION A SUCCESS

The 112th Annual Meeting at Kalamazoo was in the best sense of the term a success. It was well attended as shown by the registration of members, and nearly everyone voiced his approval. The Civic Auditorium made it possible to hold all sessions, sectional as well as general, under one roof. The forenoons were devoted to the various sections and the afternoons to a combination general session, both surgical and medical. The outside speakers were for the most part men of national reputation. The extemporaneous address was a new feature which added to the success of the convention. We hope for the opportunity to print abstracts of a number of these addresses prepared by the speakers themselves.

Elsewhere in this number of the JOURNAL will be found a verbatim report of the deliberations of the House of Delegates. A verbatim report is in no sense selective, it leaves to the reader the task of placing emphasis on what appeals to him as most important.

MALPRACTICE

It is evident that the majority of physicians pay little attention to this subject until charges are brought against them. When a charge of malpractice is brought against a member of the Michigan State Medical Society the first step for the defendant to take is to communicate with Dr. W. J. Stapleton, Chairman of the Medical Defense Committee, who will take all the necessary steps for defense. This is particularly important if the member wishes the aid of the Michigan State Medical Society to which his membership entitles him.

A case of which some of the particulars have reached us makes timely certain warnings. The physician or surgeon should be very careful to obtain the consent of the patient or a relative or guardian next responsible, before performing any operation. Secondly, the utmost care should be taken even in what might be looked upon as minor procedures. There are doctors as witnesses who claim only one right way of doing anything. Experience teaches us that methods change from time to time. No person nor textbook can be accepted as authority inasmuch as most of our best textbooks have undergone many revisions, evidence that their authors did not consider them the final word. This fact alone should prevent us from dogmatic statements on the witness stand.

It would be more satisfactory if malpractice were not left to juries to decide. The writer has every faith in juries in selected cases. The jury as an institution came into existence as a provision of the Magna

Charta in the reign of King John. As we have it at present it is distinctly a British institution. It operates best where the population is homogeneous, among whom there is an *esprit de corps* for abstract justice. The English people, however, and the Canadians as well, recognize its limitations. In trials involving technical details the judge is the arbiter. Malpractice suits involve many details that are entirely beyond the comprehension of the average layman. Questions of law and those involving the evaluation of expert opinion would be better left to judges.

UNFAIR COMPETITION

At a recent meeting of physicians assembled from different parts of the state, a speaker referred to a practice of certain private hospitals offering to make laboratory examinations for a fee so low that it made it almost impossible for private physicians in that city to eke out a living in competition with the hospital. The hospital it was said used the inducement as a "feeder," hoping to make up in the hospitalizing of the patient. When the institution went into the "red" the deficit was made up by private subscription, or appeal to the community chest, a means that is denied the private practitioner. We do not know to what extent this practice prevails in this state. Many hospitals insist on a standard fee for X-ray and clinical laboratory work and do not cut fees, while physicians in private practice from necessity are often prevailed upon to do so. Hospitals are for the most part governed by laymen on the trustee boards and occasionally laymen are prone to look to what they consider the hospital's interest as an institution rather than the interest of the physician. The hospital is granted certain advantages, among them endowed rooms and tax exemption, which the staff and the private physician in practice are not granted. Without the free contribution in service of physicians, the hospital would be seriously handicapped in its dispensation of charity. Hospitals therefore would do well to safeguard the interests of members of the medical profession whether they are on the staff or not. The matter of avoiding competition with the medical profession was never so necessary as at present. Even in normal times the medical profession do enough charity work to entitle them to tax exemption, which is not theirs. At present many are not only contributing services but materials which constitute a considerable cash outlay. When a private hospital, or even a municipal hospital, engages in any form of medical or surgical practice for which it collects a fee not commensurate with the service rendered, it is in competition with the members of the medical profession to the latter's disadvantage.

THE PASSING OF A PIONEER

The death of Sir Ronald Ross on September 16 removes the last of the great pioneers of preventive medicine, several of whom have been sacrificed in the effort of elimination of mosquito-borne scourges, yellow fever and malaria. The name of Sir Ronald Ross will be always associated with the conquest of malaria. Sir Patrick Manson was the first to charge the mosquito with the disease, which up to his time was considered as caused by the night air of the marshes.

The facts of Sir Ronald's life are, briefly: born in India, May 13, 1857, studied medicine and graduated from St. Bartholomew's Hospital, London, 1881, immediately entered the Indian medical service. He began in 1895 a series of experiments to prove, or disprove, Sir Patrick Manson's theory that malaria was conveyed to man by mosquitoes. On August 20, 1897, which he called "mosquito day" he made his confirming experiments. He realized the importance of his discovery and what it meant to the world. That day he composed the following verses which are singularly apropos:

"This day relenting God
Hath placed within my hand
A wondrous thing; and God
Be praised. At His command,
Seeking His secret deeds
With tears and toiling breath,
I find thy cunning seeds
O million murdering death.
I know this little thing
A myriad men will save
O death where is thy sting,
Thy Victory, O Grave?"

The importance of the discovery cannot be overestimated. One writer* maintains that malaria alone has claimed more victims than all the wars of historical record. Sir Ronald Ross placed the number of victims at 2,000,000 a year. The disease has had

*F. H. Richardson, International Clinics, September, 1926.

its remedy in cinchona bark and later the alkaloid quinine. The greatest factor, however, in its elimination is the draining of swamps and thereby destroying the breeding places of the anopheles, which is said to have accomplished the downfall of mighty empires of the past.

DR. CRANE HONORED

Following a custom inaugurated by the University of Michigan three years ago, the choice of candidate for the honorary degree of Master of Arts was Dr. A. W. Crane of Kalamazoo. Everyone will agree the selection was the best that could have been made, one that will meet the approval of every member of the profession in this state whose good fortune it is to know Dr. Crane and his work. An alumnus of the University he has had a long and successful career and as a debtor to his profession he has honorably discharged the obligation. A pioneer roentgenologist, Dr. Crane has been highly instrumental in the development of the specialty. His written contributions have been marked with studied care. Gifted with a facility of speech that is rarely the lot even of those whose vocation is to speak from the public platform, he is always able to interest and to hold the attention of an audience. Even his extemporaneous discussions at medical meetings are masterpieces of well thought out exposition. Never does he indulge in platitudes. In a few well studied remarks he is able to elucidate a subject more or less abstruse or to add materially to the paper presented.

It is as a master of English prose that we wish particularly to commend Dr. Crane. He has a faculty, unfortunately too rare, of adding interest to any subject on which he assays to write. He possesses a scientific imagination and a mastery in the use of metaphor. His papers are characterized by simplicity and clearness as well as harmony in his choice of words, of which he has great verbal wealth. As a phrase artist he has few equals. To select almost at random from his writings we find such expressions (referring to that part of the anatomy immediately above the diaphragm), "costal grill," "thoracic cage," "the chest—that one cavity of the body ready-made for roentgen examination," and such expressions as, "spent the best years of his professional life on a medical frontier." He writes of roentgenology, "The discovery was unexampled in dramatic surprise and promise," "The miracle of shadows by invisible light gave increasing power and precision to diagnosis," "It is the part of the pioneer to brave dangers and hardships. In this far region of the spectrum were lurking unknown dangers, unseen, insidious, deadly," "Pioneers in science, like pioneers in a new country, live often at isolating distances."

As a writer of English, Dr. Crane is in the same class as such writers as Allbutt, Osler, and a handful of savants of our own land who have been distinguished for their literary as well as their scientific contributions. His is a fine craftsmanship of the pen.

To the University as well as to Dr. Crane the Journal extends its congratulations.

GROUP INSURANCE

We have received a small folder on the subject of group medical insurance for employes which we have read through carefully. The argument for insurance to be used in the event of illness in one's family is logical, an argument which cannot be easily controverted. The idea of group medical insurance as expressed in this pamphlet is to provide a sum of money to take care of the employe's needs such as medical, surgical, hospital or laboratory fees in the case of illness.

If this idea leaves to the employe the free and untrammeled choice of a personal physician and leaves that physician equally free to seek any consultant or laboratory he may require in the way of X-ray or clinical laboratory for examination, we see no reason why the group insurance idea should not work to the advantage of all concerned.

If, however, the successful inauguration of group insurance is simply a prelude to the establishment of some sort of clinic owned and controlled by an insurance company issuing such insurance, it cannot be too strongly opposed by the medical profession in the interest of both patient and doctor. The exploitation of medicine will eventually (and at no distant date) lead to the deterioration of the medical profession. How would such a situation affect the patient? For after all it must not be lost sight of that the patient's well being is the objective of the science of medicine. The only end

obtained by the organization of a clinic to handle cases under an insurance plan would be economy to the company. Medical service would be placed on a "cut rate" basis; we do not associate "cut rate" with efficiency. How would it affect the doctor? He would be placed on a salary as low as competition would permit. He would be loaded up with clerical detail. He would have no encouragement to improve himself and even if he were disposed to take post-graduate courses or to supply himself with the latest medical literature in his specialty he would not be able to do so on his salary fixed by competition. So in the end patients would suffer from inefficiency in the doctor himself. Eventually medicine would become so unattractive that the best minds would refuse to enter it as is the case of one or two professional callings which might be mentioned at the present time. These clinic groups often owe their existence to the fact that a doctor wants to get a start, and later to go on his own as a private independent practitioner of medicine, but with the cream of medical practice, namely the great working class, taken over by the industrial clinic, he would find himself without the possibility of an independent practice. No man can afford to meet the demands in the way of present-day educational requirements for a medical license and allow himself on entering professional life to be exploited by any concern whose motives are in any degree commercial.

A LEAF FROM AN OLD ACCOUNT BOOK

We have been privileged to peruse an old ledger begun in 1752 by a physician of that time. The paper is tinted to a cream with the century and a half and more since it had been written but the writing though still legible is so faded as to render impossible an illustration *in facsimile*. Here, therefore, are the items as well as we can turn them into type. Some of the drugs mentioned are unintelligible to us, but enough remains clear that the principal therapeutic method of this pioneer physician consisted in elimination together with blood-letting. Written long before the American revolution, the English monetary system was still in use, as the writer computes his account in pounds, shillings and pence. Not until the year 1787 did the physicians begin to compute their medical accounts in dollars. A perusal of this account shows that the patient, Mr. Christophersone Stiver, owed for a period of seven years. The last item on this account was incurred during the year of the Capture of Quebec and the death of General Wolfe. The exciting event of Dr. Hemmena's time was the Seven Years' War, which was really more important to us, at least in a political sense, than the World War of our own day. The greatest event in American history was the capture of Quebec.

Mr. Christophersone Stiver.
1752 To Doctor Hemmena:

			£	s
Feb.	*1*	*To Purge*	*0-*	*2*
		To moderans N1	*0-*	*0-9*
	2	*To Do* N1	*0-*	*0-9*
		To purge	*0-*	*2*
	25	*To Electus Laxet* ....℥ii	*0-*	*2-6*
1753				
		To moderans N1	*0-*	*1*
May	*22*	*To Cordial Drops* ....℥1½	*0-*	*2*
	23	*To Bleeding*	*0-*	*2*
		To purge	*0-*	*2*
Dec.	*14*	*To Cordial penet* ....℥iv	*0-*	*7*
	15	*To Eleithy pecturals* ....℥i	*0-*	*2-6*
	16	*To Foly Senna*	*0-*	*1*
		To Cordial mixture ....℥vi	*0-*	*6*
1755				
		To Eleithy pecturals ....℥ii	*0-*	*3-6*
May	*22*	*To a purge*	*0-*	*1*
1759				
	26	*To Ditto*	*0-*	*2*
July	*25*	*To Cordial Drops* ....℥ii	*0-*	*4-6*
	27	*To Do* ....℥iii	*0-*	*5-6*
			£2-	*10-0*

ADVERTISING

As is well known, advertising is considered almost a misdemeanor of professional life, in medicine, in law, or in dentistry. The reason is apparent: one cannot advertise without extolling his own personal merits as a lawyer, doctor or dentist, which to say the least is wanting in modesty. The professional man of culture and ability shrinks from any such method of securing the attention of the public. Advertising in regard to cutting fees is in the same category, inasmuch as the advertiser is seeking an unfair advantage over those who do not do so.

The Ethics Committee of the Wayne County Medical Society (we presume with the sanction of the council of the Society) have gone on record as opposed to physicians listing their names in the telephone directory in bold face type, which would tend to give them an advantage over their fellows, to the patient searching for a physician's name.

If the *bona fide* achievements in medicine could be broadcasted to the laity without the intrusion of personalities we believe that much good might be accomplished. And here there is even a danger. It is so easy to overstep the bounds of truth, especially to a sensation-seeking public. The limits of scientific medicine should receive as much emphasis as its achievements.

If personal advertising were permitted by the ethics of the various professions there is no telling to what extravagance it would lead, and in the end the public would be fed up with misinformation.

WEELUM VISITS DOCTOR LOCKE

Weel, Ah'm doffin' ma tam tae th' healin' shrines o' St. Ann's an' St. Joseph's, an' tae Dōctor Locke.

A' three o' them hae mair crutches layin' aroon' aboot them than will start a halesale hoos in business.

A' three o' them are practicin' a medicine that's nae foon' in oor auld freen' Osler, bit a' three are attractin' their thoosands.

Ah think Dōctor Locke has th' easier jōb. He sits in a swivel chair wi' a cushion intil it, while Brither Andre has tae kneel wi' his knees, an' sometimes wi'oot ony cushion, an' that's nae sae easy on th' knees, bit, th' guid brither dosna min' that for he kens that sacrifice mak's us mair humble an' holy, an' St. Joseph, wha gi'es him th' poorer tae cure, is mair honored in sacrifice than in praise. Of course Dōctor Locke dosna min' workin' his chair roon' an' roon' for he pits intil his pooches aboot fourteen dollars every time his chair mak's ane clockwise turn. E'en in this he has a handicap, as his chair is nae up tae date, an' when it rins doon he must stand oop an' turn it counter clockwise till it screws oop as far as it will, an' repeat this exercise when it rins doon again.

St. Joseph's an' St. Ann's hae mair beauty an mair reverence in their magnificent shrines, an' an atmosphere mair in keepin' wi' Divine healin' while Dōctor Locke works under an apple tree in fine weather an' in a garage when there is a Scotch mist fallin'.

They are a' busy. They dinna hae ony expense. They need nae laboratories an' nae nurses. They pay nae rent, mak' nae diagnosis, keep nae records, write nae histories, tak' nae names, ask nae questions, ask nae aboot symptoms an' haenna ony time for conversation.

There were aboot five hunder people (actual coont) millin' aroon Dōctor Locke, Sunday, Sept. 18.32. They were there frae every state an' country, frae th' sun kissed vales o' California tae th' rock boond coast o' Newfoondland. Many were poor, hopeless, helpless, heavy, crippled invalids, carried or wheeled or crutched. Some were poor. Some were rich. Some were happy. Some were placid. Some had an abidin' faith that th' twist o' their feet wid mak' them weel.

Ah! How fine an' beautiful are th' cures. How sad an' heartsick are th' failures. Bit, a' an' a' we see a michty courage, a michtier faith, a longing hope,—an' sometimes frae this bounteous hope springs a happy touch o' relief.

Noo, who is there tae sae nae tae those wha are doon in th' valley o' despond, crippled, heartsick, unweel, discouraged, weary an' faint, an' fagged oot wi' years o' despondency. Hae they a wee bit hope left, an' hae they faith in th' twist o' th' feet, then let them gang doon tae Dōctor Locke, bit if they hae mair faith in th' Shrines, weel, let them gang there an' in the' layin' on o' prayerfu' haunds, touch "th' hem o' th' garment" an' in simple sublime childlike faith, renew their courage, health an' hope.

Guid nicht,

WEELUM.

DR. T. K. GRUBER—A PEN SKETCH

The following paragraphs appeared in the Detroit Free Press. Dr. Gruber is well known to many members of the medical profession of this state and particularly Wayne County, who know him as a genial, friendly and capable physician and hospital manager. During his long connection as Superintendent of the Receiving Hospital of Detroit he made a host of friends who will be interested in this little personal sketch.

"Dr. Thomas K. Gruber, superintendent of Eloise Hospital, fiddled around until he graduated from college and then got down to the serious things of life. He hasn't touched his violin since. Though he had made lots of money in his student days playing at dances and entertainments, he put the instrument in the attic of his parents' home and hasn't seen it since.

"He has always wanted to be a practicing physician, but fate always has made him a hospital executive. Eighteen months after he entered the Cleveland City Hospital as an interne he was made assistant superintendent. Even when he went in the Army and thought he was going to get away from it all, he ended up in charge of a hospital in France.

"An early-rising habit acquired as an Ohio farm boy has always stayed with him to the horror of his internes. A young doctor who isn't on the job by 7 A. M. gets little consideration from him. When he was superintendent of Receiving Hospital, several times each week he'd be in the internes' quarters at that hour pounding on doors to make sure that there were no laggards. He has carried the habit to Eloise. To show how early he used to get up, he recalls that the tip of one finger was taken off before 5 one morning when he was 9 years old by a surgically inclined corn cutter.

"There's always a big celebration on his birthday, since he was born 45 years ago in Navarre, O., on July 4. He graduated from Heidelberg College, Tiffin, O., in 1908, and the Western Reserve Medical School in 1912. He came to Harper Hospital as assistant superintendent in 1915, went to France with Base Hospital Unit 17 in 1917 and returned a major in 1919. He became superintendent of Receiving Hospital in 1922 and went to Eloise in 1929.

"He had enough fruit as a boy to last him for life. His favorite meal is made up of potatoes and bread and butter—providing the bread is at least two days old. It isn't a health complex; he just doesn't

like fresh bread. And he can't stand strawberries or muskmelon.

"He is a great believer in 'waiting out' for problems to solve themselves. 'Time is a great healer and leveler,' he says. Most of the great problems of his life solved themselves by being let alone. He thinks maybe this is why he knocks on wood. It gives another moment to consider things.

"He likes to fish but hasn't had time for it in the last two years. Hasn't had a vacation for three. If he ever gets enough money and time he's going to have a lot of fun for the rest of his life doing research work in cancer and mental diseases.

"He'd like to prove definitely that mental diseases—not feeble-mindedness—are of organic origin like a broken leg. He is certain they cannot be inherited any more than a broken leg can. When more work has been done along that line, he believes, many mental ills will respond to treatment like other diseases.

"His favorite recreation is playing poker. His one superstition, aside from knocking on wood, he says, is not betting on three of a kind. 'More money is lost in that way than in any other,' he claims."

SIR WALTER SCOTT AS A PATIENT

Thanks to his own pen and that of his faithful Lockhart, we have a fairly complete history of the illnesses of Sir Walter Scott, the centenary of whose death is reached this month. Scott was a man of powerful physique, with the chest and arms of Hercules but a wasted right leg, due to infantile paralysis, which accounted for his lifelong lameness. After an invalid childhood he enjoyed robust health until the last fifteen years of his life.

In 1817, at a dinner party he was giving in Edinburgh, he was seized with cramp in the abdomen, and retired from the room with a scream of agony which electrified his guests. The symptoms yielded to severe medical treatment, but he wrote a little later that he was "still as weak as water from the operations of the medical faculty, who, I think, treated me as a recusant to their authority, and having me once at an advantage were determined I should not have strength to rebel again in a hurry." To another correspondent he wrote that he had been plagued all the previous winter with these stomach pains, which he had tried to combat by drinking scalding water; as they grew unpleasantly frequent he had recourse to his friend Matthew Baillie, but before Baillie could do anything there occurred the dinner party incident. All sorts of remedies were applied, including heated salt, used in such a way that it burned his shirt to rags, though he hardly felt it when it was "clapped to his stomach." Profuse bleeding and blistering, "under higher assistance," saved his life. Dr. Salsbury MacNalty in *"The Great Unknown"* (Epsom: Birch and Whittington, 2s. 6d.) regards these attacks as almost certainly gallstone colic.

In succeeding years there were returns of this colic at intervals; opium seemed to be the only medicine to stay the pains, and this produced such depression that, as he half-humorously said, it became a "pull-devil pull-baker" contention, "the field of battle being my unfortunate præcordia." In more jest about his malady he compared what was taking place in the region of his diaphragm with the process whereby the "de'il" was said by Burns to make a "king's head" (meaning one of the stomachs of ruminating beasts) into a speuchan, or Highlander's tobacco pouch. Ultimately he got better, thanks to calomel, introduced to him by a Dr. Dick of the East India Company. "The origin of the complaint, it seems," wrote Scott, "is some derangement in the gallbladder leading to the formation of obstructions in the biliary ducts, whence arise cramps, fits of sickness, spasms, jaundice, and all the evils that have undone me." Calomel, used in very small quantities, was, "Lord love its heart," an absolute specific. Ten days' rigid attention to Dr. Dick's directions restored him to action, to appetite, and to healthy digestion.

The first premonition of an illness against which calomel would be unavailing came in 1822, ten years before his death, when he spoke of "a whoreson thickness of blood and a depression of spirits . . . and Peveril will, I fear, smell apoplexy." Three years later he had violent pains in the right kidney and parts adjacent, which forced him instantly to go to bed and send for Clarkson, the Montrose surgeon, who pronounced it gravel augmented by bile. He was better next day, but uncomfortable from the effects of calomel, "which is like the assistance of an auxiliary army, just one degree more tolerable than the enemy it chases away." Hemorrhages developed in the summer of 1829, after weeks of headaches and nervous prostration, and copious cupping was done. Cupping, said Scott, was not painful, but it was rather like a giant twisting your flesh between his finger and thumb.

In February, 1830, came a paralytic seizure, after which he submitted to a severe alimentary regimen, tasting nothing but pulse and water for weeks. At the end of that year he experienced slight vertigo on going to bed, and on the advice of Dr. Abercrombie abandoned his daily cigar, and cut down by one-half his daily ration of a wineglassful of spirits. In the following April he had a stroke of paralysis affecting both nerves and speech. His Continental journey, the onset of his fatal illness, his return to London, where he was attended by Sir Henry Halford, and his final journey, a dying man, to his beloved Abbotsford, are too well known to need recounting.—*The British Medical Journal,* September, 1932.

Note: This extract was brought to our attention by Dr. Charles E. Dutchess of Parke, Davis and Company. Scott's remains, together with those of his noted son-in-law, Lockhart, lie in a tomb in Dryburgh Abbey, which is only a few miles from Abbottsford and from Melrose. Up the Valley of the Tweed within a mile or so of Dryburgh Abbey is a spot where Sir Walter Scott over a century ago used to rest while on horseback or in his carriage to survey the valley below. The scenery is most beautiful. It is said that so accustomed were the horses to stop at this spot that when the poet was conveyed to his last resting place the cortege stopped at this spot as the horses refused to go farther and had to be replaced by a second pair. Scott died on September 21, 1832. We would like to interject a suggestion that the centenary of his death be the occasion for the re-reading of his works. His healthy romanticism would serve as a corrective for the feverish unrest of the present day.—EDITOR.

PHYSICIANS WHO SEEK FULL TIME SALARIED POSITIONS

(Journal, American Medical Association)

The physicians who have considered seriously the acceptance of full-time salaried positions with corporations of business men who propose to exploit such service for profit may consider well what happens when economic stress, personal relationships, differences of opinion as to scientific methods, or similar complications necessitate separation of the

employed from the employer. The employer of the physician in private practice is his patient. In times of stress these patients may not be able to pay him as much as previously, perhaps not at all. During the present emergency most physicians are continuing to care for their patients and are waiting patiently for the period when a return of prosperity will permit the settling of debts. These physicians still have their practices. The physician employed by a corporation has no practice of his own. The patients are not his patients—they are the patients of the clinic, institute, group or other corporation that employed him. When he severs his connection with his employer, for any of the reasons that have been mentioned, he must remove most frequently to another community, there to begin as he might have begun years before, to develop the relationships with individual patients that have been the very basis of medical practice since the beginning of time. And what of the patient? In the clinic, institute or group lies the record of his medical care, but such a record is far removed from the human understanding that is fundamental between patient and physician. Michael Davis cites as one of the qualities which patients may rightly expect in medical service "a sense of personal responsibility for each patient on the part of the physician and a sense of individual attention from the physician on the part of each patient." Is there the slightest reason to believe that any corporation of business men vending medical service through salaried physicians will ever be able to meet this expectation?

GENERAL NEWS AND ANNOUNCEMENTS

The Council has selected the dates of Sept. 12-13-14 for the holding of the next annual meeting in Grand Rapids in 1933.

Many members would profit if they announced their specialty in the Professional Announcements department in the advertising section. The rate is reasonable.

Dr. D. S. Brachman of Detroit and Miss Miriam Levin were married on September 8. They have returned to Detroit after a honeymoon spent at Havana, Cuba.

Dr. George E. Brown, Chairman of Medical Education and Research, Mayo Clinic, addressed the Jackson County Medical Society, October 18, on the subject of "Problems of Hypertension."

It has been voted that the *Bulletin* of the American Society for the Control of Cancer be made its official organ and that the present relationship between the Society and the *American Journal of Cancer* be discontinued.

The Annual Conference of State Secretaries and Editors called each year by the A. M. A. Trustees will be held in Chicago, Palmer House, No. 18 and 19. This year State Presidents will be invited and consideration will be confined to proposals for community medical service.

The honorary degree of M.A. has been conferred upon Dr. A. W. Crane of Kalamazoo. Dr. Crane is the third physician for the honor. Dr. C. B. Burr and Dr. Charles G. Jennings of Detroit were so honored in 1930 and 1931 respectively.

The Michigan X-ray and Radium Society was organized at Detroit, September 28, 1932. Dr. A. W. Crane of Kalamazoo is the first President and Dr. Donaldson of Ann Arbor, the Secretary. The membership will consist of all those members of the medical profession of Michigan who are engaged exclusively in X-ray diagnosis and X-ray and radium therapy.

The annual meeting of state secretaries and editors of state journals will be held in Chicago, November 18 and 19, when subjects of vital interest to the medical profession will be discussed, among them the attitude of medicine towards the rapid development of contract practice in its various forms and the many artificial plans that are being promoted for providing medical and hospital service.

On October 4, Dr. H. Wellington Yates was formally introduced by Dr. H. W. Plaggemeyer, the retiring president, as president of the Wayne County Medical Society. Dr. A. W. Blain is president-elect and Dr. E. C. Baumgarten, secretary. The address of the evening was made by Mr. Malcolm Bingay, managing editor of the Detroit Free Press, the subject being the late Sir Ronald Ross. The address was listened to with marked attention and appreciated by a large audience of members of the Society.

Announcement has been made that the American College of Physicians will hold its Seventeenth Annual Clinical Session at Montreal, with headquarters at the Windsor Hotel, February 6-10, 1933. Dr. Francis M. Pottenger of Monrovia, Calif., as President of the College, has charge of the program of General Sessions. Dr. Jonathan C. Meakins, Professor of Medicine and Director of the Department, McGill University Faculty of Medicine, is General Chairman of local arrangements and in charge of the program of Clinics.

The seniors, those members of the Wayne County Medical Society with over twenty-five years of practice, very appropriately inaugurated their 1932-1933 season of programs Monday, October 10, with a testimonial luncheon in honor of Dr. Don M. Campbell. About sixty members were on hand in the Society's club rooms to pay tribute to their respected colleague, who has just returned to his work after many months' illness. The toastmaster was Dr. Angus McLean. Short talks were given by Drs. J. E. Clark, R. E. Loucks, William Fowler, George E. McKean, B. W. Pasternacki, and the honored guest.

The Highland Park Physicians Club annual clinic, Nov. 30th, will be held at the nurses' home adjoining the Highland Park Hospital. This will be as usual an all day clinic. There will be a pathological conference at 8 o'clock in the morning. The program includes doctors who will present subjects as follows: Drs. Carl Davis, Chicago, Carcinoma of the Large Bowel, demonstrated with lantern slides; William Mullen, Cleveland, The Relation of Sinus Infection to Diseases of the Chest; Henry Walman, Mayo Clinic, Rochester, Pain as a Diagnostic Symptom; Dr. Lashmet, Ann Arbor, Water Balance; Clifford G. Grulee, Chicago, The Newborn Infant, Care and Pathology; and Dr. Gellhorn of St. Louis (subject to be announced later). The membership of the Michigan State Medical Society are cordially invited to these clinics. There will be an evening program to which ladies are invited. The speaker of the evening will be Mr. James Schermerhorn.

OBITUARY

DR. CALVIN A. WISNER

Dr. Calvin A. Wisner of Columbiaville, Michigan, died on August 27, 1932, of apoplexy. He was born at Hartland in 1854 and was graduated from the Michigan College of Medicine and Surgery in Detroit in 1879. Following his graduation he served one year with Parke, Davis and Company, after which he entered private practice, first locating at Otisville, Michigan, where he practiced for two years. From here he moved to Columbiaville, where he was in active practice for fifty years. He is survived by his widow and one daughter, Mrs. Ray Spencer of Columbiaville. Dr. Wisner always showed an active interest in the affairs of his county society and his presence at the meeting of the Society will be greatly missed.

DR. WILLIAM APPELBE

Dr. William Appelbe of Detroit died on October 17, 1932, of Bright's disease, at the age of sixty-four years. He carried on his practice to within a month of his final illness though his health had been poor for several years. Dr. Appelbe represents a type of practitioner who, born in Ontario, spent his early adult life as a school teacher. Teaching school was a stepping stone to medicine and law in Canada forty years ago. And many physicians of the older generation are to be found in both the United States and Canada who entered medicine through the avenue of school teaching. Dr. Appelbe had a wide knowledge of English literature. He was always an interesting conversationalist. Following his graduation from Trinity Medical College, Toronto, in 1901, he moved to Detroit, where he had been in practice up to a few weeks ago. He had during his three decades or more of practice a large and influential following. His pharmaceutical education, which he acquired after a few years' teaching in Ontario, gave him an acquaintance with drugs that few doctors possess. His knowledge of materia medica, together with a diagnostic sense of a high order, resulted in an internist whose abilities were among the best. In 1903 he was married to Miss Gertrude Luke, who survives him. Dr. Appelbe was a member of the Wayne County Medical Society, Michigan State Medical Society and American Medical Association.

DR. WILLIAM E. UPJOHN

Dr. William E. Upjohn of Kalamazoo died on October 18 at the age of seventy-nine years. He was founder of the Upjohn Company of Kalamazoo and its president for nearly forty years. Dr. Upjohn was, among other things, noted for his contributions to civic, industrial, philanthropic, religious and cultural movements in Kalamazoo. He had earned the title of Kalamazoo's "first citizen." Dr. Upjohn was at one time mayor of Kalamazoo. The 112th annual convention of the Michigan State Medical Society was held, as is known, in the new Civic Auditorium at Kalamazoo, which was the gift of the late Dr. Upjohn Among his other benefactions may be mentioned the Art House of the Kalamazoo Museum and Art Institute, the development of Upjohn Park as well as large contributions to the gateway and Milham Park Public Golf Course. He was the son of one of the early pioneer physicians of the county. Dr. Upjohn graduated from the University of Michigan School of Medicine and Surgery in the class of 1895. He is survived by his widow, Mrs. Carrie Upjohn, two daughters, Mrs. Delano and Mrs. Gilmore, one brother, Dr. James T. Upjohn, and one sister, Mrs. Sidman, all of Kalamazoo. Resolutions of respect were adopted by the City Commission of Kalamazoo extolling the late Dr. Upjohn as the framer of the city commission-manager charter and the city's leading philanthropist. The funeral services were held in the First Congregational Church.

COMMUNICATION

INSURANCE BLANKS

September 26, 1932

Executive Secretary
Wayne County Medical Society
Detroit, Mich.

Dear Mr. Burns:

Your letter of September 21, addressed to Dr. Warnshuis, has been referred to me for answer.

At the present time, the question regarding the charging of a fee of $2.00 for each insurance report for patients carrying health and accident insurance policies has been referred to the Bureau of Medical Economics of the American Medical Association, of which Dr. R. G. Leland is director. This was in conformity with the action taken in the House of Delegates of the American Medical Association at its meeting in Philadelphia. This Bureau has made a preliminary report, which has been published in the Journal of the American Medical Association, but until a final report is made, of course, no further action can be taken by the Michigan State Medical Society.

On page 596 of the Journal of the Michigan State Medical Society, September, 1932, issue, will be found the report of the Civic and Industrial Relations Committee. In paragraph 2 is the following statement:

"It is recommended that physicians adhere to the meaning of the resolutions by appending a statement for $2.00 for services to each report blank filled out, whether it is requested by the claimant or the insurance company."

This should be interpreted to mean that each physician filling out a claim proof should attach a separate statement made out to the insurance company for $2.00, and is in conformity with the original resolutions passed at the Jackson meeting in 1929 and the Benton Harbor meeting in 1930.

It is known that many insurance companies refuse to honor such statements at the present time and this is an unsatisfactory situation. However, the International Claim Association has appointed a special committee of insurance representatives, with Mr. Robert K. Metcalf, Manager of the Claim Department of the Connecticut General Life Insurance Company, as Chairman, and because this committee is coöperating with the Bureau of Medical Economics of the American Medical Association in an endeavor to agree to a mutually satisfactory understanding, it is deemed advisable by the Civic and Industrial Relations Committee of the State Society that all physicians use this method temporarily.

The Civic and Industrial Relations Committee will publish in the Journal any definite recommendations of the Bureau of Medical Economics just as soon as they may be forthcoming.

Sincerely,
HARRISON S. COLLISI, M.D.
Chairman, Civic and Industrial Relations Committee.

Proceedings---112th Annual Meeting Michigan Medical Society, Kalamazoo, September 13 to 15, 1932

GENERAL SESSION

Wednesday Evening Session

September 14, 1932

The First General Session of the 112th Annual Meeting of the Michigan State Medical Society, held in the Civic Auditorium, Kalamazoo, Michigan, Wednesday evening, September 14, 1932, was called to order at eight o'clock by Dr. Carl F. Moll, President of the Society.

President Moll: Ladies and Gentlemen: We will come to order and have the invocation by the Reverend Dunning.

Reverend John W. Dunning: Almighty God, Thou art the supreme architect and ruler of the universe. Thou hast made all things good. We rejoice that under Thee we live with the reign of law, that Thy great system is builded upon that on which we may depend.

We think Thee for night and day, summer and winter, sunshine and shower. We rejoice in life. We thank Thee for the great nature so filled with blessing, with bounty, and with beauty for us all. We rejoice in our dominion over it and the privileges we have in living above it.

We thank Thee for the many ministries of those who have delved into the secrets of nature and unfolded the wonders of science, and all the gracious ministry that has been brought to us through hearts and hands that have labored together with Thee in the mastery of life.

We thank Thee for the physicians of the world, their discoveries, their healing touch, their patience, and all that they have done for humanity, and are still doing. We pray Thee that tonight all sick folks may be blessed, and the ministry of doctors and nurses be glorified with new healings.

We thank Thee, O our God, for the occasion that brings us together in this city, and pray Thee that there may be a new fulfillment of the promise of the Great Physician, that Thy people in their final ideal shall enter into a state where people universally are healthy and happy because they have learned the ways of living with Thee.

May Thy Kingdom come with the fullest richness upon the earth, and Thy will be done everywhere as it is in Thy realms on high. Amen.

President Moll: Next, I will introduce to you Dr. R. A. Morter, President of the Kalamazoo Academy of Medicine, who will welcome you to the city.

Dr. R. A. Morter: President Moll and Members of the 112th State Medical Meeting: In behalf of the Kalamazoo Academy of Medicine, I welcome you to this city and extend you greetings.

Since this organization had its first meeting some 112 years ago, we have had the honor of being your host on four previous occasions, the last being in 1920. This is a great honor to us, and I hope it will not be as long until you have returned to us.

I have heard a great many addresses of welcome. I mean I have had to sit and listen to them. They are always more or less boresome because addresses of welcome usually deal with the dollars and cents which concern the city, or the beauties of its streets, public buildings, and so forth. But today as I welcome you here, I wish to call your attention to a different side of our city. I like to look at our city as an educational center, or more specifically a medical educational center.

We have in our city two colleges, the Kalamazoo College and the Western State Teachers' College, which give premedical courses. The students who are taking the premedical work here are constantly scrutinizing our medical profession of the city, many of whom they hold up as ideals.

As I look back at some of the members of our Academy of Medicine, I can think of many men who have contributed greatly to this city not only in a humane way, alleviating the ills and sufferings of persons, but also in the way of contributing something to the ideals and civic pride of a community.

I think specifically of Dr. VanDuzen, a member of the Kalamazoo Academy of Medicine many years ago, who was a great believer in education and who left to this city a beautiful public library. In passing, I might state that our Academy of Medicine has had its home in this public library since it was built in 1893. Dr. VanDuzen in his will set aside a room in this public library where the Academy of Medicine hold their meetings at regular intervals.

I think of the physicians of the community who have donated to the city their services in the way of conducting free clinics and taking care of the poor and unfortunate. I think of the innumerable physicians in years gone by who have acted as consultants for our staff at the State Hospital and who have built that institution which now has about 2,800 patients up to a standard where it is accepted by the American Medical Association as a teaching institution. Our men are constantly donating this type of service to our community, trying to build up the standards of the medical profession and trying to tell the community something regarding hygiene.

I think at this time of another member of our medical fraternity here, Dr. Pratt, who left behind a great work in this city as well as throughout the state. I think of another man who is yet living who has been a very faithful member of our Academy of Medicine, and to see some of his work you need only look about you. This beautiful building, in which we are now assembled, was donated to this city by one of our members, Dr. W. E. Upjohn.

In closing, I want to repeat that I hope this organization will return to our city again in the near future. We enjoy having you here, and if there is anything you want just ask us and we will try to give it to you.

Thank you.

President Moll: The next order of business will be the report from the House of Delegates.

Dr. F. C. Warnshuis: Mr. President, Distinguished Guests, Members of the Society, and Guests of the Society: The House of Delegates, which rep-

resents by each delegate fifty or more members of our State Society, convened yesterday in three sessions.

The members of the House very seriously considered the problems that confront organized medicine today as well as the problems that confront you as individual citizens of this commonwealth of Michigan. I am not going to try to go into detail and give you the results of the deliberations that were enacted yesterday and recorded as another milestone in the progress of our organized Society. These will all be published in due time and course in our Journal, and we ask you not only to read them but to ponder over them and to enact them in your individual administration to your patients and to the community in which you reside.

I shall just briefly report to you some of the results of the election. The President-Elect was George L. Le Fevre of Muskegon, a man who has devoted much to organized medicine, who served his community and the profession in a manner that causes him to merit the honor that was unanimously conferred upon him by the House of Delegates at its session yesterday.

Grand Rapids was selected as the place for our next annual session.

Dr. Heavenrich of Port Huron, Dr. Powers of Saginaw, Dr. Urmston of Bay City, Dr. MacMullen of Manistee, and Dr. Traynor of Big Rapids were elected to membership upon the Council.

The Council elected Dr. B. R. Corbus as its Chairman to succeed himself, and Dr. Henry Cook of Flint also to succeed himself as Vice Chairman. The Council also elected as Treasurer Dr. William A. Hyland of Grand Rapids.

Delegates to the American Medical Association re-elected to represent our organization in our parent national body where Dr. Brook of Grand Rapids, Dr. Luce of Detroit, and Dr. Gorsline of Battle Creek.

This is the 112th anniversary of our organization, as has been commented upon by the president of your local society. For 112 years organized medicine has carried on for the purpose of enhancing the individual benefits of the practitioner of medicine, as well as to carry to the community those things which scientific medicine vouchsafes to mankind in increasing their physical well-being and their longevity.

During these 112 years, we have had as leaders of our organization men who have served their community, who have served their districts, and who have served the state. It is a very proud thing that we can have and can point to this galaxy of men who during these 112 years have so led us on and caused the profession of this state to stand among the leaders in our nation.

So tonight, as our President who is retiring from office, we have such a man, such a practitioner, such a citizen. It is my particular pleasure and distinct privilege to present to you Dr. Carl F. Moll of Flint, our retiring President, who will deliver his annual address.

President Moll read his prepared address. (See October Journal.)

President Moll: It gives me a great deal of pleasure at this time to introduce to you the speaker of the evening, a man whom I have known for many years, a man who stands highest in estimation and regard of the practitioners of medicine in the United States, Dr. Olin West, Secretary and General Manager of the American Medical Association.

President Moll: It now gives me great pleasure to introduce to you my good friend and your good friend, President-Elect J. Milton Robb.

Dr. Robb, the members of the Michigan State Medical Society recognizing your ability as a leader, and as a further testimonial in behalf of your outstanding work in their behalf, have honored you by making you the President of their association, and I, as their spokesman, take pride and pleasure in presenting you with this pin, the badge of your office.

Dr. Robb.

President-Elect Robb: Mr. President and Fellow Members of the State Society, Guests: I am indeed grateful for this honor. This is no empty honor, as the record of my predecessor, Dr. Moll, has shown. I congratulate him.

The unsolved problems in the practice of medicine never have been so varied, so vital and so profound as they are at the present day. The truth of this statement has been very definitely brought to my mind in the past year as your President-Elect.

The matter of these unsolved problems, however, is not confined to medicine alone. The governmental processes of the state, the nation and the world have similar questions to solve, and it behooves the leaders to bend themselves to a new discipline, a new effort, if the ships of state are to be piloted into peaceful waters. It is a time for unusual courage; it is a time for unusual sincerity; it is a time for action. In other words, an outstanding clergyman in this country has said, "When difficulty is double, double effort."

This is my challenge to you and to myself as your President. The faith and being of our people, as well as our profession, depends less upon external factors than that we remain true to our moral traditions which have carried us through the centuries despite the storms that have broken in upon us in the service of life, and particuluarly at this time sacrifice becomes a grace.

President Moll: Gentlemen, I still have a further honor and privilege in store for you, to present to you a man who really needs no introduction to this audience, a man who has stood for the best there is in medicine for the last thirty-five years, a man who has served you and your Society well. I take great pleasure and honor in presenting President-Elect Le Fevre of Muskegon.

President-Elect Le Fevre: I feel like a child tonight who should be looked at but not heard.

I want to thank you all for the honor you have given me, and I hope I will fulfill the office to your satisfaction.

I thank you.

President Moll: We thank you for your kind attention and for coming here. This now concludes the program, and we will stand adjourned.

The meeting adjourned at nine-ten o'clock.

F. C. WARNSHUIS, *Secretary.*

HOUSE OF DELEGATES

Tuesday Morning Session

September 13, 1932

The opening session of the 112th Annual Meeting of the House of Delegates of the Michigan State Medical Society, held in the First Presbyterian Church House, Kalamazoo, Michigan, September 13, 1932, was called to order by the Speaker, Dr. Henry J. Pyle of Grand Rapids, at 10:10 o'clock.

The Speaker: Please recognize Dr. Reeder as the Sergeant-at-Arms of this session. Will you please bring in the Chairman of the Credentials Committee?

Dr. A. A. McNabb (Kalamazoo): There have been fifty-seven credentials presented. Fifty-two of them are on regular credential blanks. Five delegates have lost their credentials and have written out blanks with their names as follows: L. W. Switzer, A. A. McNabb, A. V. Wenger, C. T. Ekelund, John Sundwall. It will be a matter for the Society to determine what to do with these. Dr. John Sundwall is here in place of Dr. Langford.

Dr. A. P. Biddle (Wayne): Is he a regularly elected alternate?

Dr. A. A. McNabb (Kalamazoo): I don't think he is.

Dr. A. P. Biddle (Wayne): I move they be seated.

Dr. C. S. Gorsline (Calhoun): I second the motion.

The Speaker: You have heard the motion. Is there any discussion?

The motion was put to a vote, and was carried.

SPEAKER'S BADGE

Dr. J. D. Brook (Kent): A question of personal privilege. Do you remember, those of you who are here, that a year ago I presented a resolution requesting the Council to furnish a proper insignia for the Speaker of this House in conformity with those with which the President and the President-elect are honored. This morning I come here and the Speaker is still adorned with one of the same green badges that every common individual wears. I think at this time we are entitled to an explanation from the Secretary, or the Councilmen present, for this act.

The Secretary: Mr. Speaker and Members of the House: Your Secretary is your servant, and he is very regretful he was not able to present the Speaker with the proper badge that had been awarded to him at your last annual session. I thought it more fitting, more in dignity with the office, that the time be reserved until the present time. So, complying with your mandate, I now present to the Speaker his official badge.

Mr. Speaker, I hold in my hand the signed roll call of fifty-seven accredited delegates. This is a quorum. May I request that some member of the House move that the signed roll call be the roll call of this morning's session?

Dr. L. J. Hirschman (Wayne): I so move.

Dr. F. T. Andrews (Kalamazoo): I support it.

The Speaker: You have heard the motion. Is there any discussion?

The motion was put to a vote, and was carried.

The Speaker: Is Dr. Dutchess here? Will you take the chair, please?

Vice Speaker Dutchess assumed the chair.

The Vice Speaker: We will now listen to the Speaker's address.

The Speaker: The Speaker's address is a part of the program, which is my only excuse for delivering it.

SPEAKER'S ADDRESS

I assure you that I consider it a great honor to have been chosen to preside over this assembly. I believe that you as a group represent Michigan's best citizens. There is no nobler profession than that of Medicine, and when I consider that each one of you here represents fifty members of our profession located somewhere in this Commonwealth, the responsibility of directing these sessions strikes me forcibly.

As I have said before, I do not believe that you are interested in listening to a long address on my part. It is a Speaker's task to listen and not to speak. Furthermore, the President of our Society, the President-elect and the Chairman of our Council, all estimable and serious gentlemen, are to follow me on this program, and it would ill become me to "steal their thunder." Even to mention a few of the problems that confront our profession would take a long time, and if I were to discuss these problems, I might incur your ill favor, for in tackling and dealing with any subject I approach it with a bias that tends toward the radical. The one point I wish to stress is that in all the medical meetings I have ever attended, be they County, State or National, I have never heard one single decision arrived at that did not benefit the public first and the Doctor of Medicine last. The Michigan State Medical Society is an altruistic organization and we should all be proud that we are a part of it. If there ever was a time when we should be loyal to our Organization, it is now. Each and every one of you should, on returning to your respective counties, try to inspire the members of your local society with the spirit of loyalty.

Why is it that so many activities are started that are detrimental not only to the public health welfare

but also to the Doctor of Medicine as an individual? We have been "chisled at" by all manner of groups, and in certain localities hospitals under lay management are trying to dictate to their medical staffs what they shall or shall not do. I understand that this particular subject is to come up in our deliberations today, and personally I trust that it will be dealt with as it should be.

The only way we can defend our position is by standing together. Every Doctor of Medicine not belonging to a county society should be urged to join, and as a member he should be given something to do to aid our Organization. At our annual meeting last year I mentioned the fact that some of those in our profession with the largest incomes were least active in the affairs of our Organization. In my county there has been a great awakening. One of our members who has a national reputation based on scientific attainment, and who we considered had a very large income, has during the past year given days and days of his time trying to straighten out some of the problems concerning our relations to the public. Every M.D. from the quiet, unassuming, family doctor located in some remote corner to the bustling specialist with a big office staff situated in our larger centers should stand with our Organization in all its agreements.

The financial depression has affected the medical profession as keenly as any group, and this fact should bring us closer together. As the hairs of my head grow fewer and greyer it is surprising how many fine qualities I find hidden beneath the rather rough exteriors of some medical men. The day of affluence, as far as material wealth is concerned, is by, I believe, for the medical man. At the end of the day our services will be rewarded, not in the accustomed medium of exchange, but in the realization that we have done something to alleviate the suffering of mankind or have accomplished something toward the physical betterment of the race. The medical profession has never said, "One step is enough for me," but has ever gone forward trying to conquer some of the scourges that beset mankind. When others prayed we have worked. We have every reason to be proud of the efforts put forth by Organized Medicine. If I were to go further with these remarks, it would be only repetition because, as most of you know, this is the fourth time I have taken this particular part in our annual program.

In spite of my limited knowledge of parliamentary procedure I shall try to conduct these sessions in a spirit of fairness to each one of you, and trust that you again will be patient with me and overlook my shortcomings.

The Vice Speaker: The Speaker's address will be referred to the Reference Committee on Society Affairs.

The Speaker resumed the chair.

COMMITTEES

The Speaker: You notice that the appointment of reference committees is placed after the different addresses. If there is no objection on the part of the assembly, I think it would be best to appoint these committees first.

The Chair wishes to appoint the following committees:

Committee on Report of Council
L. O. Geib, Wayne
Frank Reeder, Genesee
L. G. Christian, Ingham
V. H. Vandeventer, Marquette-Alger
G. H. Southwick, Kent

Committee on Society Affairs
G. C. Penberthy, Wayne
A. L. Callery, St. Clair
Philip Riley, Jackson
W. C. McCutcheon, Cass
T. J. Carney, Gratiot-Isabella-Clare

Committee on Miscellaneous Business
C. S. Gorsline, Calhoun
A. G. Sheets, Eaton
B. F. Green, Hillsdale
J. D. Curtis, Wayne
W. A. Manthei, Houghton

We will now listen to our President's address. Dr. Moll.

PRESIDENT'S ADDRESS

Medicine owes much to many men. You as members of this House of Delegates are contributing your share to the upbuilding of modern medicine. Many of you I know are here at this time at a considerable personal sacrifice. It speaks well for the future advancement in scientific medicine that you are so willing and eager to do your bit in the cause of organized medicine. Without organized medicine, scientific medicine would be greatly handicapped.

From time immemorial the Medical profession has had to fight, sometimes for its very existence. Hence the need of organization. Our activities for the past year are most lucidly presented to you in the Council's annual report, and I am sure you will be greatly impressed with the marked extension of its work in every direction, and this in the face of the greatest economic distress in history.

It speaks well for the rank and file of our profession that they have carried on, under the most trying circumstances. The great burden of caring for the inpoverished sick has fallen heavily on the shoulders of the physicians. You have met your task cheerfully, you have given the best there is in you and this in the face of an income decreased in some instances to almost nothing.

The reports of your various committees will give you a better insight to the great work that has been done along the many phases in which we have a direct interest. At this time I want to impress upon your minds the fact that on the first of January a new Legislature will convene at Lansing. This Legislature will have presented to its members the report of the "Special Legislative Commission" to study and recommend changes in our laws as they pertain to the Healing Art. Their recommendations will have an important bearing on all new enactments or changes in our present Medical Practice Act. It is very essential that we have members of this body who, if not entirely sympathetic with our ideals, will at least be open minded and not prejudiced. It is not for us as an organized body to dip too deeply into the political caldron, but it is the duty of every individual doctor to exercise his voting franchise, and to vote and use his influence to see that only men of the highest type are elected to office. The most of us have been very negligent in this direction in the past and it behooves us to show greater activity in the future. Our legislative committee has been very active, they have made splendid contacts, and it is now up to you, members of this House of Delegates, to carry this message back to your County Societies, impress upon your fellow members the importance of giving your committee the great support they need, by seeing that the right

type of men are sent to Lansing. Then can we well be proud of our accomplishments in protecting the Society from uneducated practitioners and promoting public health by preventive medicine.

The Committee on the Survey of Medical Services and Health Agencies is doing a most commendable work in a thorough and exhaustive manner. Much good should come out of their labors, but in order that their work can bring the best results, they must have the help and coöperation of every man and woman practicing medicine in this State today.

Your medico-legal committee has had more than its just share of work. Malpractice suits and threatened malpractice suits are increasing. I realize fully that a great many of the claims that are filed are but efforts at retaliation when a doctor attempts to collect a legitimate bill against one of his patients. This type, while annoying, are usually easily disposed of. Quite the contrary is the one that has its inception in the failure of the physician to properly safeguard himself with X-ray examinations, a careless criticism on the part of a brother practitioner, and worst of all that combination of attorney and doctor who are out for blood. Our best protection from all types is the giving of the best service possible, the safeguarding of this service by proper laboratory and consultant checks and a spirit of fairness and tolerance towards our brother practitioner.

We have recently been invited to coöperate with some 12 to 15 groups and organizations of statewide scope, to devise means to lower the costs of government. It is estimated that over 10 per cent of our people are now on the public pay rolls, or are deriving private benefits in one way or another from funds supplied by national or local taxpayers.

A member of our executive committee in a private capacity attended a preliminary conference of this group a few weeks ago. It is my belief that we would derive certain benefits from this contact.

In order to facilitate your work by giving you the opportunity to have sufficient time to thoroughly study any new resolutions introduced into this House, I recommend that action be taken so that a copy of the resolutions to be presented be placed in the hands of the Secretary at least ten days before the Annual Meeting, and that the Secretary shall have a copy of this resolution sent to each delegate and to each alternate of record at least five days before such meeting.

I wish at this time to acknowledge the helpful cooperation and the fine spirit of team work displayed by all of your officers. And to you members of this House of Delegates, I want to express my deep sense of appreciation for the honor you have bestowed upon me, and I am confident that you will show my successor the same courtesies and give him the same loyal support that you have accorded me.

The Speaker: This President's address will be referred to the Committee on Society Affairs.

We will now listen to the address of our President-elect, Dr. Robb.

ADDRESS OF PRESIDENT-ELECT

The lot of the individual doctor has been extremely difficult in these times of stress. His income in actual dollars and cents has almost reached the vanishing point and he is not only bewildered at the unfair treatment fate has accorded him but he has begun to wonder whether fortune will ever again smile upon him.

He is not, however, bending under the load that is daily being imposed on him nor is he lending more than a patient ear to the multitude of panaceas being offered by self-appointed "fixers" outside the profession. Instead, he is thoroughly conscious of the golden opportunity that is being afforded him to reclaim and add to the honor, dignity and prestige of his chosen profession and he is determined to carry on in spite of economic adversity.

In contrast to the paralysis in activity that is so evident in other fields of endeavor, medicine is continuing its rapid strides towards the solution of many of its scientific problems. The physician may point with pride to the significant contributions being made daily by his fellow-practitioners, who, after all, have not forgotten the "raison d'etre" of their existence. Depression or no depression, there has been no let-down in the medical profession's efforts to increase constantly its contributions to human welfare.

The problems of organized medicine are the problems that confront the whole of society today. Distortion of the world's economic structure is responsible for most of them. Foremost among these is the question of adequate and equable distribution of services, which looms before the medical profession as largely as the distribution and absorption of commodities does before industry and business. This highly important question is as near to, or as far from, solution in the one group as it is in the other. No sleight of hand artist can perform the miracle. The investigations, deliberations, and conclusions of committees on costs of illness can solve difficulties in medical practice no more rapidly than economists throughout the world can solve today's economic ills. They can at most only show the error of the way; the solution in either event will be arrived at not overnight, but only after a considerable lapse of time and by the old-fashioned method of trial and error. Even then, it will not be final in every way, for it will have to retain flexibility to make it lasting.

Attempts to speed up the arrival of a solution, while thoroughly commendable, are too often prone to lead us astray and endear us to false gods. Such panaceas as State Medicine, Health Insurance, and group practice, which offer, according to proponents, some slight measure of relief, are far from adequate in filling the requirements of either the public or the medical profession in this country. The experience that has accrued from the operation of these methods both here and abroad is valuable only in that it predicts their failure when expanded to large scale application.

I have little to say regarding "State Medicine," except that it bears the same relationship to privately conducted practice as prostitution does to true love: it is expensive, it is insincere, it is degrading, and should have no place in the scheme of life of a free people.

As for "Health Insurance," no type that is now in effect or that has yet been proposed has for its primary object the welfare of those whom it is designed to serve. Rather is it planned to benefit the organizers and proponents *first.*

Basic human traits militate against the success of any scheme of health insurance that at once deprives the patients of free choice of a physician, severs the sacred relationship between these two, and frees the patient from the necessity of meeting the full costs of medical service himself. As has been recently said, "When health insurance enters, the will to get well diminishes and withers, especially in times of stress when the cash payment during illness is so helpful to the family budget."* The facts are that the individual who personally pays for medical service does not malinger, while the

*Dr. Henderson, President of the Minnesota Medical Society.

individual who does not personally pay for medical service will, by virtue of the weakness of human nature, be tempted to malinger.

Furthermore, the lay people are not the only ones who suffer from the frailty of human nature. Too often, to the ultimate detriment of those whom they serve, the physicians in these schemes, because they do not feel the immediate need of medical contacts, stray far afield and become mere artisans.

In the past few years there has developed between the Board of Health of the City of Detroit and the physicians of Wayne County a type of cooperation that has been most admirable, in that the public has received a better type of medical service. It would seem that this policy, where the Department of Health acts as a research laboratory and a policing force and the practitioners in medicine spread the gospel of public hygiene and apply the principles developed, is most commendable and should be copied by other communities.

It is lamentable that there are some within our ranks who are aiding and abetting untoward forces, utterly ignoring their obligations to their fellow physicians. Perhaps we are all culpable in some degree because our pursuit of scientific facts and the demands of our practices have afforded us little time to note passing events, and have kept us from concerning ourselves with or adapting our activities to an ever-changing communal and political environment. We have perforce then left to relatively few of our members the protection and conservation of our extra-professional interests, and to these we must give our unstinted support. Unfortunately, we have too often stigmatized these hard working men by the term "medical politicians," while they were seriously and at great sacrifice laboring to conserve our interests. By criticism we have too frequently undermined their efforts and to some extent defeated their aims. We must at all times give credit to those who for years have been active in the interest of medical practice (I regret circumstances prevented my earlier participation) and look to them for leadership.

The pressing needs of the day are:

First, loyalty to our organization and the subscribing of unreserved support to our officers and leaders in county, state, and national ranks.

Second, more conscientious and whole-hearted participation in movements directed towards contacting the public, the government and the business agencies of every community, this for the purpose of building and molding sound and favorable public opinion towards the science and art of medicine; of explaining how the latter can best be utilized in conserving life and health; and of frustrating the attempts of all who would barter human life for personal profit.

Third, inculcate a determination and zeal in all physicians to practice modern medicine; to make a sustained endeavor to remain abreast of expanding knowledge; and to fit themselves to apply that knowledge in daily practice. This can be accomplished by systematic study and reading; by attendance at county, district, and state medical meetings; and by embracing the opportunities for post-graduate work that are constantly brought to their very doors.

Fourth, be ever mindful of the rights, privileges and interests of your fellow doctors. In this respect, do not become a party to or participate in any plan, scheme or proposal that has for its purpose the provision of medical care to groups, units, or members of clubs or companies at fixed yearly remuneration.

As representatives of the members of this Society, it becomes your duty to instill in your constituents the observance of the fundamental principles that have here been outlined, and impress upon them the importance of concerted thought and action in place of scattered opinions and selfish preferences.

As delegates, you determine our Society's policies, instruct your officers, and endow them with power. Let sane and unselfish judgment prevail. This is not the time or place for individualistic gain or quest. The good of the whole must ever predominate. Let your enactments conform to that principle. Record your confidence in your officers, and assure them of your trust. To do so will instill in them intensified zest and achieving effort.

The Speaker: The President-elect's address will be referred to the Committee on Society Affairs.

We will now listen to the Council's annual report.

The report of the Council was presented by Dr. B. R. Corbus, its Chairman.

COUNCIL'S ANNUAL REPORT

To the House of Delegates—
Gentlemen:

The Council transmits this as its Annual Report to the House of Delegates.

MEMBERSHIP

On January 1, 1932, there were 3,235 members in good standing, a loss of 191 members.

The Council has seriously concerned itself with the problem of enabling members financially embarrassed to continue in good standing. Toward this end a temporary reduction of dues in the amount of $2.50 was enacted. Arrangement was also made whereby a member might give a note, payable in one year, and continue in good standing. Some 45 members have taken advantage of this opporunity. This is not as many as we anticipated. County Secretaries should again call the attention of delinquent members to this method of retaining their membership privileges.

FINANCES

The official audit on January 1, 1932, reflected a present worth of $33,621.34. Of this amount, $11,575.17 represents the reserve of the Medico-Legal fund. In common with all reserves of business and organizations we have encountered a material decrease in the value of securities owned. The loss has been proportionately small, twenty-five to thirty per cent, and we hope that this will be further lessened as the market improves.

Our income for the year will be much less than in any recent year. This is due to both decreased dues and delinquent dues. In addition, the income from JOURNAL advertising is very much less, although this will be partly compensated by reduced publication expense. We recognize that we will show, at the end of the present year, a deficit which we will not be able to overcome by the most strict economy, an economy which included a very marked cut in all budget items instituted at the beginning of the current year.

As the activities of our organization have multiplied, so have the expenses of carrying on the work increased. Committee expenses, especially those committees appointed for some special work, have been no small item in these increased expenditures. The Council has, in the past, made ample appropriations for these purposes. It is essential that these activities be continued and sufficient funds will be assigned for the proper functioning of all committees. Committee members give liberally of both their time and their energy. They should not be asked to go into their own pockets for expenses, but we request all committee chairmen to bear in mind the limitation

of funds, and keep their expenditures as low as possible. In these days of stress and financial upheaval we have even greater responsibilities and obligations than in normal years. These must be upheld. We must not be led by an unreasonable desire for economy to a retrenchment that would negative or destroy the accomplishments which have been brought about by the expenditure of money and thought throughout the years.

The Council realizes the importance of providing adequate support for the Committee for the Survey of State Medical and Social Agencies. The value of the survey is, to some considerable degree, dependent upon the work being pushed as rapidly as may be to its conclusion. Expected funds from outside sources, probably because of the general financial condition, have not been received. The work will go on to the fullest extent that our finances will permit.

The Council desires and proposes, so far as possible, to continue each and every activity that contributes to our members' welfare, together with those social obligations which the Michigan State Medical Society has accepted as its public duty. Your support of the endorsement of this policy is recommended. The Council has every confidence that the Society will come out of this period of depression stronger than ever. We are fortunate in having built up a reserve by careful economy to carry us through the next year or two. Activities under way will not be interrupted.

MEDICO-LEGAL

At no time in the past has our Medico-Legal Committee so frequently been called upon to aid in the defense of members. Suits, threats of suits and trials have been numerous and exceedingly expensive. In a much greater degree than usual the suits have been based on flimsy grounds. To a greater degree than usual they have had their origin in well defined geographical areas. The names of certain attorney firms using certain doctors as witnesses appear so often in different trials that it suggests that the combination is something more than a mere coincidence. As good citizens, it should be the aim of every doctor, on the witness stand, to give honest testimony and aid the cause of justice. However, a member of this Society who stoops to testify against his brother practitioner, animated by enmity, malice, envy or the expectation of financial gain, can not expect his Society to tolerate him. In this connection we call once more to your attention that the careless critical word or comment based upon rumor and not fact, is too often the occasion for dissatisfaction of the patient and the resulting suit.

WOMAN'S AUXILIARY

Your body last year endorsed the Woman's Auxiliary and recommended the organization of auxiliaries by County Societies. The Council notes that four counties complied with your recommendation. The Council feels that there are several of the larger societies that might well enlist this support in the solution of county problems. Delegates should bring this to the attention of their local society and inspire formation of an auxiliary. Officers of the State Auxiliary will willingly assist in organizational work.

SURVEY OF MEDICAL SERVICES AND HEALTH AGENCIES

Under the able management of Chairman Marshall and his committee, and directed by Mr. Sinai, who has been employed for the purpose, the work proceeds along well defined lines. The Council and the Executive Committee, who have kept in close touch with the work, are satisfied that the results will justify the expenditure of the money and labor. Frequent conferences have been held in the past year by the Executive Committee and representatives of the Survey Committee.

RADIO COMMITTEE

The Council commends the work of the Radio Committee created by the House of Delegates last year. The Council has provided funds to enable the committee to accomplish the work which the committee imparts in its report to your body.

POST-GRADUATE CONFERENCES

In conjunction with the Department of Post-Graduate Medicine of the University, the Children's Fund and the Kellogg Foundation, the Council has continued to make available most desirable post-graduate opportunities within our state. It is gratifying to witness the increasing number who avail themselves of these opportunities for professional enhancement.

The endeavor is, and will be, to meet the demand and interests of members and to make available to them the post-graduate work for which they express desire.

Regional conferences have been conducted whenever a region or Councilor District has requested them.

THE JOURNAL

The Council knows that you join us in our pride in our JOURNAL. Finances alone restrict the enlargement of its features. Its size and content is at present necessarily limited by income. The limitation may be markedly relieved if our members will but concern themselves by according greater patronage to the advertisers.

Members are again reminded that each issue contains reports of work and progress on the part of the Council, Committees and Councilor Districts. Monthly perusal of the JOURNAL will enable every member to keep informed as to our Society activities and obviate ignorance when organizational affairs are discussed or action solicited.

CONCLUSION

The present period demands equanimity. It is not a time for radical changes or innovations. Steadfastness of purpose, the maintenance of self confidence and a sustained loyalty to the objects and purposes that have characterized our society for over a century, should characterize our policies.

Pressing and distressing as are many of our individual worries and situations, faith and courage must not be abandoned. The tension of the times, it is true, tells upon our nervous make-up and the unreliability of the economic picture intensifies unrest. It would be regrettable were we to be precipitated into ill-considered action. If we ever needed a united progressive front we need it now. We are all in a jam, but if sane judgment prevails increased fellowship will come and with it a spirit which will lead to a greater solidarity.

Unapproved schemes, plans and proposals of hospitals, clinics, corporations, lay organizations and insurance companies should not be embraced or fostered by the individual or small group to the detriment of the profession in your community or the state. Pressing as may be the individual need for the moment, tempting as may be the personal inducement, remember that to yield would be but to crucify the entire profession, cause to be relinquished our professional prestige and reduce us to the ranks of mere paid artisans.

The Council will ever maintain a close contact with passing events. It will seek to represent you

and your interests. It will study and analyze every proposal and plan advanced. It will endeavor to outline policies and procedures that are sound and constructive. Let us be swayed neither to the right nor the left but all remain steady, till society again initiates prosperous days.

Respectfully submitted,
THE COUNCIL,
By B. R. CORBUS, *Chairman.*

The Speaker: The report of the Council will be referred to the Committee on Report of the Council.

The Speaker: Next is the report of the Committee on Civic and Industrial Relations.

The Secretary: The reports of the standing committees of the House have been published in the September JOURNAL. They are reprinted again in the handbook program you have in your hand. May I suggest that it will conserve time if the chairman of each of these committees, in place of reading the entire report this morning, be given a few minutes to touch the highlights or say anything he wants of an explanatory nature.

The Speaker: Is there any objection on the part of the assembly to handling this matter this way? If not, we will ask the chairman of the Committee on Civic and Industrial Relations to give us a brief résumé.

Dr. Collisi: Members of the Michigan State Medical Society: As the Secretary has said, the report appears published in the official program.

There are just one or two points I may emphasize at this time. First, perhaps many of you have been wondering what has been done about the insurance report question. That is now in the hands of the Bureau of Medical Economics of the American Medical Association. Dr. Leland, Director of the Bureau, has made a very exhaustive national study and has gone so far as to obtain the coöperation of the insurance men. A special committee has been appointed by the International Claim Association with Mr. Robert K. Metcalf as its chairman, and it has already begun an exhaustive study from their viewpoint. We hope within a very short time Dr. Leland will be able to give us a comprehensive report.

Dr. Leland's investigation showed one important thing, in which he says: "According to information received from the State Commissioners of Insurance, there appears to be no statute in the insurance department regulation in any state requiring that physicians shall furnish specific information for such claim proofs. Many of the statutes do provide that there shall be due proof of loss, but the interpretation of due proof of loss is left largely to the insurance companies."

During the coming year your committee believes that its activities should be directed toward a study of the medical care of highway accidents. As you perhaps know, many of these accidents which occur on highways are brought to the hospitals and, due to disputes over liability, the claims are either not paid or else are delayed, and the surgeon and the hospital eventually lose out. Some of the medical societies have already begun studies of this question, and the committee recommend that during the next year its major activity be on this subject.

The Speaker: Gentlemen, you have heard the review of the report. I shall refer this to the Committee on County Society Work.

Next is the report of the Legislative Committee.

The Secretary: Dr. Carr is not here. The report is printed, and I suggest it be referred to the same committee.

The Speaker: Committee on Woman's Auxiliary. Dr. Heavenrich.

Dr. T. F. Heavenrich: The Committee has no report to make, and there has been no official meeting of the Committee. The Woman's Auxiliary has functioned exceedingly well and has required no help from us.

The Speaker: Report of the Committee on Survey of Health Agencies. Dr. Marshall.

SURVEY OF MEDICAL AND HEALTH AGENCIES

Dr. W. H. Marshall (Flint): Mr. Speaker, Mr. President, President-elect, and Gentlemen: When this undertaking was entrusted to us last January in Jackson it required a good deal of brooding before comprehensive plans could be evolved. However, your committee has worked patiently if not rapidly, because we feel it is best to make haste slowly in these times. Hurry is a failing of the foolish.

Our progress is pretty well outlined in the printed report. You will notice that we deemed it prudent to appoint several sub-committees in order to get the viewpoint of reliable men on several special subjects. We are happy to have someone share our burden and our responsibilities, and I think we are wise in getting many viewpoints on these problems.

The greatest delay in the work was occasioned by the inadequacy of medical directories. It, therefore, became necessary for each county to appoint a Public Relations Committee to check up on the men in practice. This was a staggering task, especially in Wayne, and, therefore, the questionnaire in Wayne has been very much delayed on that account. However, the last questionnaires will be sent to Wayne County this week. The committee in Wayne County have had a tremendous task and are to be congratulated upon having completed it.

Most of the up-state reports are in and are being coded on cards, and they will soon be run through the machines in the tabulating department of the university.

As you know, too, the state is undertaking an economic study of the state of Michigan. This work will be completed in about ten days, although it will require some time to write up the final report.

We are happy to state that we have received very splendid coöperation from the Michigan Manufacturers Association. Last Saturday, Mr. Lovette informed us that 1,500 industrial schedules had been mailed, and he stated that the returns from the manufacturers were very, very good. That is a splendid thing.

We will also receive a great deal of information from the special commission appointed by Governor Brucker to study the public health organization in Michigan. We are well represented on this commission. Their report will be completed this fall.

As your President-elect has pointed out, the outlook for the doctors and the public at the present time is not too rosy. Only last week Mr. Newton Baker, of the National Citizens Committee, pointed out that our people had a very stupendous task ahead in the coming year, and we would probably have a heavier load to carry than last year. Mr. Allen Burns, Executive Director of the Association

of Community Chests, tells us that a staggering sum is needed for relief this year. It is estimated that $30,000,000 more will have to be spent this year in Michigan than last.

Here is a point of considerable importance. Some time in November Dr. Wilbur's National Committee on the Cost of Medical Care will have completed its work. That will undoubtedly receive a great deal of attention from the press. It is too soon to anticipate the conclusions that will be reached, but some of the statements of Dr. Wilbur seem to indicate that he is going to advocate some system of group medical clinics to be financed by some device whereby savings will be pooled and used for general health benefits. I am not endorsing that, but the statement of Dr. Wilbur is undoubtedly going to bring this whole subject into the limelight very soon.

This week in Detroit the American Hospital Association is devoting a great deal of time to hospital costs. I hope to get down there and get in touch with some of the work. The physician in the hospital and the general scheme of social welfare will be discussed very fully. The increasing number of indigents is making the hospital today a sort of public utility, and making it more and more a public problem. Plans for adjusting hospital care to fit the personal wage earner will be well studied in Detroit this week. We have a very strong hospital subcommittee and they are working on the problem of hospital care as applied to Michigan.

The outlook for insurance deserves our utmost consideration at this time. Last January I told you that the American Federation of Labor had gone on record as opposed to all forms of social insurance, and that we need be in no great hurry about our work. But only three or four weeks ago the Executive Committee of the American Federation of Labor met in Chicago, and here is the astounding thing: They instructed President Green to prepare a bill for federal unemployment insurance. Therefore, gentlemen, this thing has ceased to be an academic question. It has become a practical one.

I have been trying to follow the discussions in the various political platforms, and so far three schemes have been suggested within the last three months. You must remember that the Democratic convention favored local health insurance under state action. You mustn't forget that. Secondly, there have been those who in their political talks have favored individual plans and industry plans. Thirdly, and this is the one that makes me sit up and take notice, the Executive Committee of the American Federation of Labor incline strongly towards the English system, and went on record as favoring federal rather than state legislation. This is no longer an academic question. It has become a practical one.

We must remember that the Workmen's Compensation Act swept this country from 1922 to 1925 like a storm, and in four years the whole program was put across. We know, of course, that there have been certain benefits from that, but there have been an enormous lot of abuses. Whether unemployment insurance and health insurance will do likewise, no one can foretell. We as a profession need to give it considerable consideration and not dismiss it by the stigma of catchy terms. The time is past when we can ignore it. We must give it serious consideration and study its merits, and I am very glad to know that we have an incoming President who is so keenly interested in the study of that.

When will our work be completed? I think the major part of our work will be completed within the next few months. There are enough data on hand from up state now to commence writing up. Most of our committees are pretty well along with their work.

Dr. Sinai feels quite sure that some of the foundations will print our volume, and that we will have no expense in that connection. He is in hopes of that because undoubtedly our report will take 700 or 800 pages.

There is one error in my report to which I want particularly to call your attention. I stated that approximately sixty per cent of the questionnaires had been returned. That is somewhat of an error. On Saturday last only forty-nine per cent of the replies were in. Just why? Because about fifty-one per cent of our profession are not at all interested in the work we are doing. What are we going to do about it? I think it is the duty of the local Councilors and local societies to get after their men who haven't sent in their questionnaires. We hope that Wayne County's reports, which will be coming in within the next few weeks, will materially increase this percentage.

I think an accurate knowledge of the situation at this time is very essential. The German doctors paid no attention to the oncoming storm, and they have had to swallow a bitter pill. The British Medical Association opposed the program when it came up in England, and had nothing whatever to do with shaping a bill that has been most obnoxious ever since. The French have been very much more intelligent and have had a good deal to say about the various forms of insurance that have been put in effect in France.

I would suggest to you gentlemen that this committee be made a permanent one. By that, I do not mean I intend to serve on it. When I am through next year I hope I am through with medical society activities, because this has taken an enormous lot of time. I think there should be a permanent committee on economics. We should apply the principles of preventive medicine to medical economics rather than curative measures. Foresight is only acquired by determining beforehand the signs of trouble. We hope when we draw up our conclusions, and we will take a lot of you men into our confidence before we frame our conclusions, we will have something more helpful to offer than mere criticism. Our profession has a time-honored reputation for fairness, for honorable dealings, for generosity and courtesy, and I think we must maintain this if we are to keep the good will of the people of this state. I am sure we will.

With a little better coöperation from the profession, with the economic studies under way by the university, with the report of the Michigan Manufacturers Association, with the report of the Governor's commission on public health, with the special reports of our sub-committees, we hope to have a report next year, gentlemen, that will be more comprehensive, more accurate, more up to date than any that has heretofore been submitted to any state society. It is of some interest to note that other states are noticing our work, and the state of Pennsylvania recently came up and got our complete system of study and are proposing to carry on the same sort of study in Pennsylvania. From time to time we are hearing from other states on this, and we think Michigan is again blazing the trail to a better understanding of our relations with the public.

May I submit to you, Mr. Secretary, the report up to date on our physicians' schedules? I don't know whether I had better leave this graphic map with you to show the blank spaces.

I thank you gentlemen for your courtesy in listening to me so long, and I solicit your heartiest support during the few more months we have to work on this.

The Speaker: Dr. Marshall's report will be referred to the Committee on Society Affairs.

Dr. H. A. Luce (Wayne): I would like to ask the Chairman of this Committee for a little further explanation with regard to that questionnaire. I know of only one man in Wayne County who has received this questionnaire. That percentage was rather a bad report.

The Speaker: Will you give the gentleman the information, Dr. Marshall?

Dr. W. H. Marshall: I thought I had briefly touched on the reason for the delay in Wayne. We found the American Medical Association directory was perfectly worthless, as far as Wayne County was concerned. Therefore, your Society had to submit a new directory from Wayne. We only received that within the last week or two. Some 240 questionnaires went to Detroit last week. Some more went Saturday, and some more are going today, and by Wednesday of this week all the questionnaires will be in Wayne County.

The Speaker: Does that answer your question, Dr. Luce?

Dr. H. A. Luce (Wayne): Yes.

The Speaker: We will now listen to the report of the Radio Committee.

RADIO COMMITTEE

Dr. W. J. Stapleton, Jr. (Wayne): Mr. Chairman and Delegates: I have only a few things to add to the printed report, and that is to thank all the members of the different societies who have so kindly coöperated in carrying on this new work; secondly, to thank the Secretary's office for their very efficient work. We hope you will all help us in the year to come by giving us your valuable time.

The Speaker: This report will be referred to the Committee on Society Affairs.

We will listen to reports of delegates to the A. M. A.

REPORT OF A. M. A. DELEGATES

Dr. J. D. Brook (Kent): Mr. Speaker and Members of the House of Delegates: I noticed when I went in to breakfast this morning that a goodly number, like myself, were considerably late, from which I assume you are in no particular hurry to go to lunch. I would advise you to get comfortable and get your pipe or your cigarette. If you fall away into unconsciousness I shall not be offended or insulted.

As we go along with this report, you will notice that the Secretary of the State Society is to blame for it all, as he is for everything else that happens, or which doesn't happen.

REPORT OF THE DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

The eighty-third annual session of the American Medical Association was held at New Orleans May 9 to 13, 1932. The minutes of the House of Delegates are published in the May 21 and 28 issues of the Journal of the Association, to which we respectfully direct your perusal for such details, the citation of which would not only be imprudent, because of their volume, but it would be an unnecessary strain on your good nature and patience as well.

We shall therefore attempt to report to you in the order of their occurrence only such items from the proceedings as in our opinion your interest is reasonably assured, and which by their nature may be individually and collectively profitable to you.

1. From the report of the Committee on Reports of Officers we quote:

"The speaker has called attention to the tremendous responsibility resting on the House of Delegates of molding and guiding public opinion and formulating the fundamental principles that will bring about acceptable readjustments wherein all the traditions and achievements of the medical profession will be conserved and its relationship to the patient and public enhanced. We heartily approve of that recommendation and in furtherance further recommend that the Delegates of the House of Delegates of the American Medical Association tender to their state societies at the annual meeting a full report of the transactions of the House of Delegates of the American Medical Association."

This section of the Committee's Report was unanimously adopted.

From the above we note that the Speaker recommended a full report to this house of delegates. We believe that this subject might with profit be discussed in this House of Delegates, particularly as regards its volume and detail.

2. From the address of President E. Starr Judd we have picked the following which the Committee on Reports of Officers heartily endorsed and which was unanimously adopted.

"We have given consideration to that portion of the President's address in which he says, 'There has been a tendency in some specialties and in certain communities to turn over certain cases to nurses, midwives or technicians. So far as I can see, there is no way to make the conscientious practice of medicine an easy task. And, furthermore, it has been asserted repeatedly that there are too many physicians. Although I do not believe that there are too many physicians, nevertheless, I do think that in order to give the people the best care, the actual practice of medicine must be kept in the hands of physicians.'"

Further we quote the Committee Report from the address of the President-Elect:

"With reference to the President-Elect's comment on the development of a nation-wide scheme of postgraduate medical instruction we recommend that the Council on Medical Education and Hospitals of the American Medical Association promote this work by urging the state medical societies to conduct regional clinical meetings, and that the Council endeavor to provide, as far as possible, suitable information regarding material for such instruction."

Dr. C. S. Gorsline, Michigan, presented the following resolution on Increase of Personnel and Budget, which was referred to the Board of Trustees:

"Whereas, It appears from the suggestion in the address of the President-Elect and from a careful perusal of the published report of the director of the Bureau of Medical Economics that an economic emergency exists in the affairs of practitioners of medicine in general, and

Whereas, It is apparent that substantial progress has been made in the study of medical economic problems and that it appears that certain phases of our economic problems demand the earliest possible consideration in order that the medical profession shall have placed at its disposal the necessary facts for intelligent action,

Whereas, These problems are, in the order of their apparent importance (1) workmen's compensation, (2) health insurance, and (3) contract practice; and

Whereas, The present personnel and finances seem to be inadequate to accomplish speedy results, therefore be it

Resolved, That the Board of Trustees of the American Medical Association be requested by this House of Delegates to provide such additional increase in budget and personnel as may be required to secure this important information at

the earliest possible date consistent with completeness and accuracy of the data assembled."

The Board of Trustees made the following recommendation, which was adopted:

"Relative to the resolution presented by Dr. Gorsline of Michigan, the Board of Trustees reports that it has been giving every possible aid to the Bureau of Medical Economics in order to enable that bureau to secure and publish information on the subjects mentioned, and that as it becomes apparent to the Board that increased budget and personnel are needed, the Board of Trustees will attempt to provide what is necessary."

4. Dr. J. D. Brook presented a resolution on the appointment of a committee by the President for the study of birth control. On motion of Dr. Vander Slice, Illinois, seconded and carried without discussion the resolution was laid on the table for consideration at the executive session. At the executive session it was regularly, effectively and promptly smothered.

5. Dr. Edward A. Hines, South Carolina, presented a resolution requesting a reduction in the subscription rate of the Journal.

The Board of Trustees to whom the resolution was referred makes the following recommendation:

"Relative to the resolution introduced by Dr. Edgar A. Hines, South Carolina, the Board of Trustees reports that careful consideration was given to the matter of reducing the subscription price of the Journal before Dr. Hines' resolution was introduced, as well as on other occasions, and it was not deemed wise or expedient to make any reduction at the present time."

6. From the report of the Reference Committee on Legislation and Public Relation we quote the following, which was adopted:

"Resolutions introduced through the secretary of the Michigan State Medical Society concerning the effect of doles and federal health and sick benefit appropriations were read, and, after discussion, it was decided to approve of securing data bearing on the question and submit such information to the Board of Trustees."

7. The Reference Committee on Amendments to Constitution and by-laws recommended the following, which was adopted:

"When a constituent state association reports that one of its elected delegates and his elected alternate are both unable to attend a specified annual session of the American Medical Association, the constituted authority of said constituent state association may fill the vacancies caused by the absence of both an elected delegate and his elected alternate, and such a substitute delegate or his substitute alternate who presents proper credentials signed by the president and secretary of said constituent state association shall be eligible to regular membership in the House of Delegates of the American Medical Association in such a specified session."

You will note that this paragraph states that "The constituted authority of said constituent state association may fill the vacancies, et cetera." To the best of our knowledge our Society has no such "constituted authority." It therefore becomes the duty of this house of delegates to designate such authority, a duty to perform at this session of the House.

8. In a supplementary report of the Judicial Council, a portion of which we present, Dr. George E. Follansbee, chairman, very earnestly presented the following, to which we direct your special attention:

"The privilege of healing the sick as a profession is a right granted only to those properly qualified and licensed by the state. It is a privilege belonging only to the medical profession. It is a sacrifice of professional dignity that this exclusive right of medicine is so often sold for individual gain or its possessor deprived of it against his will. In increasing numbers physicians are disposing of their professional attainments to lay organizations under terms which permit a direct profit from the fees or salaries paid for their services to accrue to the lay bodies employing them. Such a procedure is absolutely destructive of that personal responsibility and relationship which is essential to the best interests of the patient.

Outstanding examples of this type of unearned gain are not difficult to find. There are insurance companies administering workmen's compensation benefits wherein the salaries or fees paid to the physician by the insurance company are so much below the legal fees on which the premium paid by the industry is based as to furnish a large direct profit to the insurance company. As mentioned in a former report of the Council, certain hospitals are forbidding their staffs of physicians to charge fees for their professional services to 'house cases' but are themselves collecting such fees and absorbing them in the hospital income. Some universities, by employing full-time hospital staffs and opening their doors to the general public, charging such fees for the professional care of the patients as to net the university no small profit, are in direct and unethical competition with the profession at large and their own graduates. They are making a direct profit by a practice of questionable legality, from the professional care. There are other examples which could be cited, but those mentioned suffice."

9. Dr. W. F. Braasch, chairman of the Reference Committee on Reports of the Board of Trustees and Secretary, read a lengthy, detailed committee report, which upon certain activities showered sharp criticism, which provoked thunderous discussion on both sides of the fence on the part of fifteen delegates. Among the items cited in the report were The Journal, Hygeia, Quarterly Cumulative Index Medicus, Library Council on Pharmacy and Chemistry, Bureau of Health and Public Instruction, Bureau of Legal Medicine and Legislation, Income and Expenditure, and Bureau of Medical Economics. We feel that perhaps there was basis for some of the criticism, but the general tone of the report seemed to be that there was an excess of centralized authority. With certain deletions, not published, the report was adopted by paragraphs and as a whole.

10. The Committee Report on Report of Board of Trustees and Secretary, and the Report of the Special Committee on Legislative Activities were the high spots in the activities of the House. Dr. C. B. Wright, chairman, Minnesota, who has given a large amount of time to the work of this committee, presented a lengthy report embodying the activities not only of his committee but also of the auxiliary Committee on Veterans Legislation, appointed by the Board of Trustees, of which Dr. Angus McLean is a member.

He presented in detail the proceedings of the various meetings and of the joint meetings with the Committees of the American Legion and American Hospital Association. He summarizes his report as follows:

"First, our committee has established, through the Board of Trustees, a standing committee coöperating with the American Legion, the American Hospital Association and the Veterans' Administration to work out some change in policy in regard to the care of veterans.

Second, we have stimulated the medical legionnaires and the profession throughout the country to interest the local Legion posts in the dangers of federalized medicine from the standpoint of the veteran and the country.

Third, members of our committee have discussed veterans' legislation before the secretaries' conference and before the Annual Congress on Medical Education, Medical Licensure, and Hospitals,

Fourth, we have written and stimulated editorials and articles in the state medical journals on veterans' legislation. In this work Dr. Shoulders has been particularly active.

Fifth, every member of the committee has talked before groups of medical men and legionnaires, not only in their own but also in other states.

Sixth, by stimulating the establishment of a permanent committee in all states, representing the American Legion, American Hospital Association, Veterans' Administration and the American Medical Association, the machinery is gradually being built up for better policy which may come in the future.

REPORT OF THE BOARD OF TRUSTEES

11. It is impossible to convey to you the entire contents of the Board of Trustees' report inasmuch as it covers sixty pages of the handbook. Therefore we touch upon only those subjects considered most essential and valuable to you.

Journal and Membership.—There were published 4,912,439 copies of the Journal with a weekly average of 94,470. During the year, 14,678 names were added to the mailing list and 17,058 were removed. In this connection it is interesting to note that the A. M. A. Directory lists approximately 160,000 physicians in our country, of which nearly 100,000 are members of their state societies. Michigan maintains her position with this average with 5,589 physicians, of which 3,507 are members of the state society.

Buildings and Equipment.—I quote from the Report:

"Because of unsettled conditions with respect to the plans of the city government, it has not yet been possible for the Board of Trustees to acquire one piece of property that will be necessary before building plans can be perfected. Even had this property been available, it would probably not have been wise to proceed with the erection of a new building for the reason that the investment securities held by the Association have depreciated in value in a manner common to all securities. It is gratifying indeed that the Board of Trustees is able to report that the depreciation in the value of the Association's securities has apparently been smaller than similar depreciation reported by various corporations with large holdings."

Hygeia.—Hygeia has maintained its position as an authoritative health periodical for the public and its publication has produced a small net income over operating costs.

Council on Pharmacy and Chemistry.—The Council on Pharmacy and Chemistry has continued to work unceasingly and without remuneration and more recently in coöperation with the Council on Physical Therapy and the Committee on Foods. The investigations published by these organiations are well known to you and are of tremendous value to every doctor and we feel that because of this non-remunerative service proper recognition of it might be formally taken by this house of delegates, and conveyed to the Secretary of the A. M. A.

Concerning intravenous therapy the report says:

"These firms not only played up the spectacular side of the method with suggestions of how such therapy would impress the patient, but some even went so far as to hint at increased fees that would result. Many physicians were impressed and misled by the propaganda; soon concerns that were devoted to the promotion of this form of medication flourished, and many pharmaceutic firms added a line of 'intravenous' preparations to their lists, including solutions of many drugs that are rationally administered by mouth. To offset this propaganda the Council has published warnings against needless intravenous therapy and has rejected preparations recommended for use intravenously when such administration was deemed undesirable or unsafe. The Council recognized that the intravenous use of barbital compounds may occasionally be justified by the need for rapid action in an emergency such as the control of convulsions of toxic or disease origin, or in certain operations; but it holds that for routine cases the oral or rectal administration is safer and to be preferred."

Bureau of Health and Public Instruction.—The outstanding activity of this bureau is the dissemination of information both over the radio and by the distribution of pamphlets. During the year 205 five minute talks and 120 fifteen minute talks were given and 131,559 pamphlets on various subjects were sold.

Bureau of Medical Economics.—This Bureau, established in March, 1931, is destined to convey to the doctor a large amount of authentic information which he does not now possess. Its functions as listed are:

"(1) to collect, tabulate, study, criticize and prepare for publication and distribution data pertaining to the economics of the practice of medicine; (2) to furnish critical and constructive information and opinions by correspondence on the several phases of medical economics; (3) to encourage the adoption by individual physicians and medical societies of modern, sound, ethical business methods; (4) to urge medical schools to provide medical students with information concerning the economics of medical practice, and an outline of essential business principles which should be incorporated early in individual practice; (5) to develop, ultimately, a consultation service with respect to medical business methods."

We feel that our membership should be more completely informed regarding the activities of this Bureau and therefore suggest, since the report covers nine pages of the handbook, obviously too long to be included in this report, that it be published in our State Journal. We also recommend to you the reading of an article entitled, "Collecting Medical Fees," by R. G. Leland, M.D., Director of the Bureau, published in the April, 1932, number of the American Medical Association Bulletin.

Bureau of Investigation.—This bureau has been in existence for a number of years and its activities have to do with the exposition of quacks and quackery and the nostrum evil. A typical illustration of the work of this bureau may be found on page 578 of the August 13 number of the Journal of the A. M. A. which depicts graphically the exposure of the notorious B and M consumption cure.

From the Auditor's report to the Board of Trustees it may be interesting to note that the net worth of the American Medical Association as of December 31, 1931, was $3,032,032.35.

Toward the close of the Tuesday afternoon session Dr. Burt R. Shurly, Section on Laryngology, Otology and Rhinology, presented the following resolution, which was approved by the House on Thursday upon recommendation of the Reference Committee on Legislation and Public relations:

"Whereas, The relief of economic chaos is dependent on the restoration of confidence and stability of thought among the American people in the place of hysteria, confusion and indecision;

Whereas, The Congress of the United States has in contemplation a return to the income tax in effect during the World War;

Whereas, The burden of earned income tax falls heavily as class legislation on the physician and surgeon who works day and night for the small fees he may be able to collect; be it

Resolved, That Congress be immediately advised of the injustice, inequality, and the burden of this taxation on the medical profession in this time of depression and that they be requested to ponder, stop, look and listen to our appeal against injustice to the medical profession of America."

The New Orleans session was not so well attended as usual, only about 50 per cent of the regular registration being recorded. This occurred undoubtedly because of two reasons: (1) The distance removed from the centers of population was considerable, and (2) the economic status of the average doctor. However, the meeting was a complete success. We urge more of our members to attend if possible the A. M. A. meetings. The entire cost of attendance may properly be charged to postgraduate study, since scientific, accurate, up to date, and authentic information is imparted, particularly in the scientific exhibit, which it would be difficult to obtain anywhere else in the country. The possibility of attending the 1933 meeting for Michigan doctors is greatly enhanced because the meeting place selected is Milwaukee.

From a field of candidates composed of Dr. Dean Lewis of Baltimore, Dr. Hugh S. Cumming, Washington, D. C., and Dr. Walter L. Bierring of Des Moines, Dr. Dean Lewis was elected President-elect on the second ballot. Dr. Rudolph Matas, New Orleans, nominated by our Dr. Hirschman, was unanimously elected Vice President. Dr. Olin West, was as usual unanimously re-elected Secretary and Dr. Austin A. Hayden was elected Treasurer to succeed himself. Dr. F. C. Warnshuis was unanimously re-elected Speaker for the 10th successive year, and Dr. A. E. Bulson of Fort Wayne, Indiana (since deceased), was elected Vice Speaker.

What I am about to say now doesn't matter.

Whether the man about whom I say it likes me or whether he doesn't like me, or whether I like him or whether I don't like him, I always like to give everybody his dues if he is entitled to them. For that reason I have inserted the following paragraph:

Our Secretary, Dr. F. C. Warnshuis, presided as Speaker with his usual dignity and efficiency provoked by natural ability and experience. Without flattery and recognizing ability we believe we are justified in saying that Dr. Warnshuis is the most competent candidate among the membership of the house for the office of Speaker, and for this reason your delegates have little or no trouble whatever in re-nominating and re-electing him annually. This combined with the experience and coöperation of your delegates places Michigan in an enviable position in the parent organization.

The Speaker also in his inimitable manner very feelingly referred to the absence of five delegates and officially announced their deaths, one of whom was Dr. A. W. Hornbogen of Michigan.

There are many other things in which you would perhaps be interested but time and space prevents their being chronicled here. Suffice it to say that your delegates endeavor honestly and efficiently to represent Michigan and to uphold and defend the dignified and ethical standards of the scientific practitioners of our society.

All of which is respectfully submitted and signed by your delegates.

J. D. BROOK,
L. J. HIRSCHMAN,
H. A. LUCE,
C. F. MOLL,
C. S. GORSLINE.

The Speaker: This report will be referred to the Committee on Society Affairs.

Is there any new business now?

ENTERTAINMENT

Dr. F. T. Andrews (Kalamazoo): I request the privilege of the floor. Mr. Speaker, Mr. President and Members of the House of Delegates: We feel highly gratified that you men have come here at this time to attend this meeting. You will be welcomed at a later date by a man who is far more proficient than I am, but nevertheless I take this opportunity to extend to you my personal welcome.

We have provided a little entertainment for you, and have appointed a number of men as members of a committee to aid you in making your stay in this city a pleasant one. The committee has picked out a vivid scarlet ribbon with "Committee" printed on it. Why they didn't pick out white, I can't imagine, or at least a little purple. Nevertheless, I would like to introduce to you at this time Dr. John MacGregor, Chairman of the Committee on Entertainment, who will tell you of some of the few things we have in store for you.

Dr. John MacGregor: Members of the House of Delegates: Due to the intensive scientific program which has been arranged for this meeting, the Entertainment Committee was rather handicapped for time in planning anything for your entertainment at this time.

We have, however, arranged a few things, the main one starting tonight at ten o'clock after the adjournment of the House of Delegates. We are having a buffet luncheon and some entertainment at the Kalamazoo Country Club. All of those who have cars, we will appreciate your driving out there. You will be shown the way. Those who have put their cars in garages or who came in some other way, we will have cars for your transportation out to the country club.

Kalamazoo has been fortunate in having several excellent golf courses here, and we have made arrangements so that you can play at any of the courses you wish. The maps showing the location of the various courses can be obtained at the registration desk, and any other information concerning the courses can be obtained there also.

The Upjohn Company has arranged a very excellent exhibit at their plant, which is just a few blocks from here, and that also comes under entertainment. I know it will be more than worth while for any of you who can get there to attend the exhibit at the Upjohn Company. They are opening their exhibit tonight and tomorrow night from seven to nine for any who can't get there during the day. It takes from an hour to an hour and a half if you want to take a complete trip through the plant. Other shorter trips can be planned at your leisure.

The Kalamazoo Vegetable Parchment Company, which is the world's model paper mill, has extended an invitation to the visiting medical men to take a trip through the paper mills. This is also enjoyable and will be a very instructive trip if you can arrange to get out to the Kalamazoo Vegetable Parchment Company.

I also want to repeat what Dr. Andrews said, if there is anything any of the local members of the Society can do to make your stay here a more enjoyable one, we would appreciate a chance to do it. We wish you would make all your wants known and we will try to fulfill them to the best of our ability.

The Speaker: On the part of the assembly, we will accept the invitations and thank Dr. MacGregor and Dr. Andrews for the information.

Is there any new business, gentlemen?

RESOLUTIONS

Dr. I. W. Greene (Shiawassee): Due to an act passed by the Michigan legislature nearly twenty years ago, there has existed a situation in this state which has worked a marked injustice on the taxpayers and the private physicians and local hospitals. We have accepted that situation rather supinely, as we usually do during good times, but during this period of financial stress it has brought it more to our attention, and particularly to those of us who are interested in the prosperity and the continuance of our local and community hospitals.

On behalf of Shiawassee County, I want to offer the following resolution:

RESOLUTION

WHEREAS, At the present time it is necessary that all State expenditures be carefully curtailed, and

WHEREAS, The State has been put to much needless expense through certain provisions of Act 274

of the Public Acts of 1913, commonly known as the Sick and Afflicted Children's Act, which Act requires that all indigent minors be sent to the University Hospital for treatment, and

WHEREAS, A large proportion of such afflicted minors could be treated at local hospitals with a marked saving to the State, therefore,

BE IT RESOLVED, That the House of Delegates of the Michigan State Medical Society instruct the Legislative Committee of this Society that they use their influence to secure such changes in the Act as will allow the Probate Judges to send such afflicted indigent minors to local hospitals when the examining physician so advises, and be it further

RESOLVED, That the individual members of the State Society be urged to advise their local legislators of the advantages to the State, the local hospitals and the afflicted children, themselves, of such a change in the Act.

Dr. C. T. Ekelund (Oakland): Dr. Greene and I found this morning that we had both been working to the same end. Not having been able to determine priority, we decided we would each read our resolution. I want to preface the resolution with these remarks.

I think perhaps Oakland County has been a larger and a greater sinner in this regard than any county in the state. More cases have gone to Ann Arbor for treatment under this act from Oakland County than from any other county in the state, even from Wayne.

Injustice has been done to taxpayers of the state as well as to physicians. I think the resolution itself is self-explanatory.

The Speaker: These resolutions will be referred to the Committee on Miscellaneous Business.

Dr. E. D. Spalding (Wayne): As chairman of the sub-committee of the Wayne delegation, I would like to heartily and unanimously endorse for Wayne both of these resolutions and, if it is the will of the House, I would like to ask Dr. Whittaker, a member of this sub-committee, to give you a few figures which will support me.

The Speaker: Dr. Whittaker, is your report very long?

Dr. A. H. Whittaker (Wayne): I was going to ask for the privilege of presenting my part of the discussion this afternoon after the resolutions.

Dr. B. U. Estabrook (Wayne): I would like to present this resolution to the delegates for their consideration:

RESOLUTION

WHEREAS, Under the present birth registration law of Michigan, the birth certificate of a child born out of wedlock reveals unmistakably its illegitimacy, which certificate cannot be changed even though the child be legally adopted; and

WHEREAS, Such children and their foster parents are needlessly embarrassed by this stigma; and

WHEREAS, The Child Welfare Committee of the American Legion has resolved to foster legislation in Michigan to change the present birth registration law in this state to provide a means to legitimatize adopted children born out of wedlock;

THEREFORE, BE IT RESOLVED, That the House of Delegates of the Michigan State Medical Society heartily endorses such proposed change of the birth registration law of Michigan.

The Speaker: This resolution will also be referred to the Committee on Miscellaneous Business.

Dr. J. D. Brook (Kent): Mr. Speaker and Members of the House: I have been requested by the Kent delegation to present the following resolution:

RESOLUTION

WHEREAS, The trend of the times has exercised a markedly lessened financial income by which operating expenses of hospitals is defrayed, and

WHEREAS, Many hospitals dependent upon philanthropic gifts have been deprived of this income, and

WHEREAS, There are being initiated plans by hospitals whereby they seek to solicit patients by tendering flat rates for hospital, medical and surgical care, and

WHEREAS, Such a plan or policy is clearly corporate practice of medicine and in violation of existent laws, and

WHEREAS, In these proposed "flat rates" hospitals receive full and adequate compensation for hospital services while the physicians or surgeons are expected to render professional services for a remuneration fee that is wholly disproportional and unreasonably low, therefore,

BE IT RESOLVED, That the Michigan State Medical Society hereby expresses its disapproval and opposition to any and all such plans or policies, and

BE IT RESOLVED, That if, and whenever, any hospital initiates such a plan that the Secretary of this Society shall so inform the Council on Education and Hospitals of the American Medical Association and demand that that hospital be removed from the approved list of hospitals and not recognized as approved for Interne Training, and

BE IT RESOLVED, That County Medical Societies be instructed to prefer charges and accomplish suspension of every member who accepts and serves upon the attending Staff of any hospital following a policy of "flat rate" fees *in which the doctor has no voice in determining the fee he shall receive,* or any member who shall serve on the Staff of any lay or corporate group that seeks to practice corporate medicine on a flat rate or insurance basis, and

BE IT RESOLVED, That a copy of this resolution be sent to every County Society and Michigan hospital and be given prominent publicity in the Journal.

Dr. Brook: The execution of the principles and fundamentals laid down in this resolution are a matter of individuality on the part of the doctor. He will, or he won't. You have it in your hands.

The Speaker: The resolution will be referred to the Committee on Miscellaneous Affairs.

Dr. H. A. Luce (Wayne): I can readily see that a lot of business is going to be handled by the Committee on Miscellaneous Business, and I make a motion that a special committee be appointed by the Chairman and the Secretary of the State Medical Society to take

care of the excess amount of business that comes up. The Committee on Miscellaneous Business will not be able to handle all of it.

The Speaker: The Speaker was rather at sea.

Dr. Luce: This committee is to be appointed by the Chairman with the advice of the Secretary of the Michigan State Medical Society.

The Speaker: Do I hear a second?

The motion was supported by several.

Dr. L. J. Gariepy (Wayne): I wish to submit this resolution:

RESOLUTION

WHEREAS, Act 231 of the Public Acts of 1923, Section 1325 of the Compiled Laws of 1915, and Section 1546-60 and Section 1601-1611 provide for the procedure for admission of insane, feeble-minded and epileptics to state institutions; and

WHEREAS, Two physicians are required to examine the patient under Act 217 of the Public Acts of 1913 as amended;

THEREFORE, BE IT RESOLVED, That the House of Delegates of the Michigan State Medical Society recommend to the Legislature of the State of Michigan that Act 231 of the Public Acts of 1923, Section 1325 of the Compiled Laws of 1915, and Section 1546-60 and Section 1601-1611 be so amended as to provide that one of the two physicians appointed to make the examination in such cases be the family physician of the person for whom such care is being considered; and that in case such person has no physician the examination shall be assigned to the last physician attending him or her; and that if, after the exercise of due diligence, it be found impossible to obtain any physician who has attended such person, an examiner be chosen from a list of physicians of good standing submitted by the County Medical Society in that community, using such physicians in rotating order.

Dr. Gariepy: I have another resolution that is practically the same only it deals with the afflicted or the indigents.

RESOLUTION

WHEREAS, Sections 5276-77 of Act 293, Public Acts of 1929, provide that medical and surgical treatment and hospital service be rendered for adults and for pregnant women unable to pay the expenses of same and that this expense shall be borne by the State, to be reimbursed by the County; and

WHEREAS, These Sections make it mandatory that a complete history of the case shall be taken by a physician appointed by the judge of probate of the county in which such person or pregnant woman resides; therefore,

BE IT RESOLVED, That the House of Delegates of the Michigan State Medical Society recommend to the Legislature of the State of Michigan that Sections 5276-77 of Act 292, Public Acts of 1929, be so amended as to provide that the physician appointed to make the examination required by this Act be the family physician of the person for whom such care is being considered; and that in case such person has no physician the examination shall be assigned to the last physician attending him or her; and that if, after exercise of due diligence, it be found impossible to obtain any physician who has attended such person, an examiner be chosen from a list of physicians of good standing submitted by the County Medical Society in that community, using such physicians in rotating order.

The Speaker: This particular resolution will be referred to a committee which the Chair appoints as follows: Dr. Luce, Wayne; Dr. Plaggemeyer, Wayne; Dr. Curry, Genesee.

RESOLUTION

BE IT RESOLVED, That Chapter 3, Section 7 M, of the By-laws of the Michigan State Medical Society be amended to read: The election of the officers of the Society and of delegates to the American Medical Association by the House of Delegates shall be held at the last session of the House of Delegates at any Annual Meeting. No delegate shall be eligible for election to the general offices of the society hereby defined as President, President-elect, Editor, Secretary and Treasurer, but may be eligible for election as Speaker or Vice Speaker of the House. Nominations for any office in the Society shall be made on the floor of the House and shall be limited to two minutes. When the Speaker has declared the nomination for any office closed he shall designate a committee of tellers who shall record and count all votes and announce the result of the voting. All voting in the election of State Society officers shall be by roll call. Each delegate responding to the roll call shall stand up and call out the name of the candidate for whom he casts his vote. At the finish of the roll call and voting the tellers shall report the result of such voting and declare the high candidate or candidates elected. Members elected to office shall take office at the close of the last session of the Annual Meeting.

The Speaker: This resolution will be referred to the Committee on Society Affairs.

Dr. J. D. Curtis, of Wayne, presented a resolution beginning with the words, "I move that Chapter V, Section 1, of the By-laws of the Michigan State Medical Society be amended to read:

"The Council is the Executive Body of the Society. It shall determine its own time and place of meeting. Its Annual Meeting shall be held coincident with the Annual Meeting of the Society. It shall have an Executive Committee of five (5) members who shall meet monthly with the President and the Secretary and such other officers as the business interests of the Society demands. The members of the Executive Committee, including the Chairman and Vice Chairman of the Council, shall be elected from the Councilors by the House of Delegates and shall hold office for one year. This election shall follow the annual election of Councilors. Nominations of candidates for election to the Executive Committee shall be made from the floor, five or more candidates being nominated. After the nominations are closed, balloting shall proceed in the usual manner. The candidate receiving the greatest number of votes shall be declared Chairman of the Council and of the Executive Committee; the candidate receiving the second greatest number of votes shall be declared the Vice Chairman of the Council and of the Executive Committee. The next three candidates in order of votes received shall be declared the remaining members of the Executive Committee. In case of a tie, additional ballots shall be taken as necessary to decide the issue; in case of a continued tie, it shall be decided by the chair."

The Speaker: This resolution will be submitted to the Committee on Society Affairs.

A resolution was presented by Dr. E. C. Baumgarten, of Wayne:

RESOLUTION

BE IT RESOLVED, That Chapter 5 of the Constitution and By-laws of the Michigan State Medical Society be amended by the addition of the following sections:

Sec. 11. Before the annual meeting, the Council together with the Secretary of the State Society shall prepare an itemized budget of expenditures for the coming year. This budget shall be submitted to a committee known as the Budget Committee, which shall consist of one delegate from each councilor district each of whom shall be appointed by the councilor of his district.

Sec. 12. The Budget Committee shall carefully review the budget and submit it to the House of Delegates with recommendations. The proposed budget shall require authorization by a majority of the House of Delegates, which shall have the right to approve or disapprove the entire budget or any item thereof, and its action shall be final.

Sec. 13. During the year the Council may when necessary appropriate additional funds not to exceed a total of $500.00 in any one year. Such additional appropriation shall require a two-thirds vote of the Council at a duly called meeting, a quorum being present.

Sec. 14. Any appropriations other than those above specified shall require authorization by a two-thirds vote of the House of Delegates in regular or special session.

The Speaker: In order to divide the work of these committees, we will refer this to the committee of which Dr. Luce is Chairman.

Dr. A. V. Wenger (Kent): I have here a resolution that was sponsored by the Michigan Birth Control meeting which I have been requested to introduce.

RESOLUTION

WHEREAS, Wide publicity, public information and lay organizational activity is arousing public interest in the problems and methods involved in birth control, and

WHEREAS, The question is of scientific medical and social economic interest and concern, and

WHEREAS, Considerable evidence does already exist of unscientific statements, misconstrued principles and commercial uncontrolled exploitation, and

WHEREAS, birth control policies, advice and application rightly rests with the profession of medicine and should be controlled and directed by recognized medical organizations, therefore,

BE IT RESOLVED, That the Speaker of the House of Delegates of the Michigan State Medical Society be instructed to appoint a committee of five members to be known as the Committee on the study of birth control and charged with the following duties:

1. To gather facts and statistics.
2. To investigate methods and means.
3. To ascertain degree and scope of commercialization.
4. Methods of clinics.
5. Abuse of practice.
6. Lay sponsorship.
7. Formulate conclusions and recommendations.
8. To present its report at the next meeting of this House of Delegates. And be it further

RESOLVED, That pending receipt and action upon the Committee's report, this House of Delegates and the Council refrain from committing this Society to any policy or position.

The Speaker: This resolution will be referred to the Committee on Miscellaneous Business.

Dr. J. L. Chester (Wayne): Would it be all right to make a motion on this resolution?

The Speaker: I think it would be best to wait until the report of the committee.

Dr. B. L. Connelly (Wayne): I have been requested to submit the following resolution:

RESOLUTION

BE IT RESOLVED, That Chapter III, Section VII(d), of the By-laws be amended to read:

"The number of alternate delegates to the American Medical Association shall equal the number of delegates. Alternate delegates shall hold office for two years. At each annual election candidates for alternate delegate at large shall be nominated in number equal to or greater than the number to be elected. Election of alternate delegates shall be by ballot. The required number of high candidates shall be declared elected.

"Alternate delegates so elected shall have relative seniority according to the respective numbers of votes received by them, and such seniority rank shall be designated at the time of election.

"In case of a tie vote between any number of high candidates, a second ballot shall be taken only on the candidates who are tied. In case more than two candidates are tied they shall be voted on two by two in alphabetical order, the defeated candidate of the second ballot being voted on, with the next remaining candidate, on a third ballot. In case of a tie still resulting, the Speaker and Vice Speaker shall each fill out a secret ballot, one of which shall be drawn at random by the chief teller. In case the Speaker and Vice Speaker are not both present, the tie may be decided by vote of the Chair, or referred to the Council, as the Chair may prefer.

"Any vacancies caused by failure or inability of any delegates to attend shall be assigned to alternate delegates in the order of their seniority as defined in this section."

The Speaker: This will be referred to the Committee on Society Affairs.

Dr. G. O. Penberthy (Wayne): Mr. Speaker and Members of the House of Delegates: This is a resolution that has been referred to by Dr. Brook. While I will refrain from reading the first part of it, it pertains to the activities of the Auxiliary Committee on Veterans' Legislation appointed by the A. M. A., to which Dr. Brook referred.

RESOLUTION

WHEREAS, the Auxiliary Committee on Veterans' Legislation appointed by the American Medical Association has established, through its Board of Trustees, a standing committee coöperating with the American Legion, the American Hospital Association, and the U. S. Veterans' Administration to work out some change in policy with regard to the care of veterans; and

WHEREAS, this Committee has stimulated the medical legionnaires and the profession throughout the country to interest the local legion posts in the dangers of federalized medicine from the standpoint of the veteran and the country; and

WHEREAS, members of this Committee have discussed veterans' legislation before the secretaries' conference and before the Annual Congress on Med-

ical Education, Medical Licensure and Hospitals; and

WHEREAS, this Committee has written and stimulated editorials and articles in the State Medical Journals on veterans' legislation; and

WHEREAS, members of this Committee have talked before groups of medical men and legionnaires, not only in their own but also in other states; and

WHEREAS, by stimulating the establishment of a permanent committee in all states, representing the American Legion, the American Hospital Association, the U. S. Veterans' Administration, and the American Medical Association, machinery is gradually being built up for better mutual understanding, and to prepare the way for any change in policy which may come in the future; and

WHEREAS, this Committee has recommended to the Veterans' Bureau:

1. That no further hospitals be constructed, and that the present veterans' hospitals be used for the care of the psychopathic and neurological cases;
2. That local hospitals standardized and approved by the American Hospital Association be used for the care of veterans requiring hospitalization for acute disease or for diagnosis;
3. That the veteran be permitted to select his own physician or surgeon, provided he be a member of the medical profession, in good standing in his local community; it being understood, however, that all such cases must be reported to the Veterans' Bureau in the district, for its record.

THEREFORE, BE IT RESOLVED, that the House of Delegates of the Michigan State Medical Society go on record as endorsing and approving the activities of the Auxiliary Committee on Veterans' Legislation appointed by the American Medical Association.

G. C. PENBERTHY, M.D.
J. L. CHESTER, M.D.
D. P. FOSTER, M.D.

The Speaker: This will also be referred to to the Committee on Society Affairs.

Dr. J. D. Curtis: I move that the Committee on the Survey of State Health Agencies be instructed to give preferred attention to three major problems, 1st—the University Hospital, 2nd—the Crippled Children's Commission, 3rd—the Detroit Receiving Hospital; and that a report of their investigation of these three problems together with recommendations be submitted as soon as possible and without waiting for completion of the study of other matters which the Committee may contemplate.

The Speaker: This is a motion, gentlemen. Is there any support?

Dr. A. H. Whittaker (Wayne): I will support it.

The Speaker: It has been moved and supported. Is there any discussion?

Dr. H. A. Luce (Wayne): I move it be referred to the committee for report this afternoon.

The Speaker: There is a motion made to submit this to a committee, gentlemen. Is there any discussion?

The motion was put to a vote and carried.

The Speaker: The resolution is submitted to the Committee on Miscellaneous Business.

Dr. J. D. Brook (Kent): Most of the resolutions this morning have been more or less professional in character. I think they concern the doctor. The resolution I have here is strictly political.

The Speaker: The resolution will be referred to the Committee on Miscellaneous Business.

Dr. L. J. Gariepy (Wayne): Believing more frequent meetings of the delegates stimulate greater interest in the Medical Society, and bring forth more suggestions and more changes,

RESOLUTION

BE IT RESOLVED, that Chapter III, Section 1, of the By-Laws of the Michigan State Medical Society be amended to read:

"The House of Delegates shall meet twice annually. One such meeting shall be held at the time and place of the Annual Session and shall consist of such number of sessions as the House may determine and its business require, adjourning from day to day as may be necessary to complete its business and specifying its own time for holding its sessions. The second semi-annual meeting shall be held at such time and place as the House may determine, and shall be conducted in the same manner."

The Speaker: The resolution is also referred to the Committee on Society Affairs.

Dr. L. J. Hirschman, of Wayne, presented the following resolution:

RESOLUTION

WHEREAS, the Wayne County Medical Society has taken cognizance of the achievements of one of its members, Dr. J. M. Burgess, and has elected him to Honorary Membership in that Society; and

WHEREAS, Dr. Burgess has completed forty years' service to the State of Michigan as a practicing physician; and

WHEREAS, Dr. Burgess has served for thirty years as a faithful member of the Wayne County Medical Society;

THEREFORE, BE IT RESOLVED, that Dr. J. M. Burgess be elected to Honorary Membership in the Michigan State Medical Society.

Dr. J. D. Curtis (Wayne): I second the motion.

The Speaker: Is there any discussion?

The motion was put to a vote, and was carried.

Dr. Eklund, of Oakland, presented the resolution:

RESOLUTION

The Oakland County Medical Society has taken cognizance of the achievements of one of its members, Doctor Edmund A. Christian, and has elected him to honorary membership in that society.

DR. EDMUND ADOLPH CHRISTIAN

Dr. Edmund Adolph Christian was born in Detroit on September 7, 1857, the son of Dr. Edmund P. Christian. Dr. Christian was educated in the University of Michigan, receiving the Degree of Bachelor of Arts in 1879, his Medical Degree in 1882, and the honorary Degree of Master of Arts in 1906. Within a few months after receiving his Medical Degree, he became Assistant Physician at the Eastern Michigan Asylum, now known as the

Pontiac State Hospital, where he served under Doctors Henry M. Hurd, James D. Munson and C. B. Burr. Dr. Christian was appointed Assistant Medical Superintendent in 1889, and in 1894 he was appointed Medical Superintendent, a position he continues to hold. This Michigan institution has meant much to Doctor Christian, and he has meant much to it. His service has been an intrinsic part of the growth and development of the hospital, and to him has been due much of the broadening of its humanitarian sphere of usefulness. The Doctor has grown with the institution, and has come to a plane of high authority in connection with the treatment of nervous and mental diseases. He is a member of the Detroit Society of Neurology and Psychiatry, the American Psychiatric Association, the American Medical Association, the Michigan State Medical Society. He was a charter member of the reorganized Oakland County Medical Society, upon its institution in 1903. He served his County Medical Society for seven years as a member of the Board of Directors; he was elected Vice-President in 1910 and directed the activities of the Society as President during the year 1911-12. He was especially active in the Red Cross during the World War period and served as President of the Oakland County Chapter of the American Red Cross for many years.

WHEREAS, Doctor Christian has just completed fifty years of service to the State of Michigan as Assistant Physician, Assistant Medical Superintendent and Medical Superintendent of the Pontiac State Hospital, and,

WHEREAS, he has served for thirty years as a member and for many years as an officer of the Oakland County Medical Society, and,

WHEREAS, Doctor Christian, by his professional zeal, his personal modesty, his directing genius and his gentle courtesy embodies the spirit and temper of those professional principles for which men have been honored from time immemorable, therefore,

BE IT RESOLVED, that Doctor Edmund A. Christian, medical superintendent of the Pontiac State Hospital, be elected to Honorary Membership in the Michigan State Medical Society.

Dr. R. McKean (Wayne): I move its adoption.

The Speaker: Gentlemen, you have heard the resolution. It has been moved that it be adopted.

The motion was regularly seconded.

The Speaker: Is there any discussion?

The motion was put to a vote, and was carried.

Dr. H. A. Luce (Wayne): Inasmuch as the Wayne delegation has had very little to say, and before presenting this resolution, I would like, on behalf of the Wayne delegation, to thank the Committee on Arrangements for securing us such an admirable place for meeting. When we see Monsignor Moll, Rabbi Robb, Elders Collisi and Marshall, and Dominie Brook, we feel that the church was the loser and the medical profession the gainer.

Dr. Luce submitted a resolution.

RESOLUTION

WHEREAS, a recent communication from the Michigan Department of Health under date of August 26, 1932, contained a list of thirty-three biologic products for free distribution, nineteen of which are in no sense emergency measures,

AND WHEREAS, the free indiscriminate distribution of biologic products is of great expense to the taxpayer of the State of Michigan,

AND WHEREAS, the free distribution of products, not of an emergency type by the state savors of unwarranted governmental interference with private industries,

BE IT RESOLVED, that the House of Delegates of the Michigan State Medical Society approve only the distribution of emergency biologic products and further that the Commissioner of Health of the State of Michigan be advised of this action by the House of Delegates of the Michigan State Medical Society.

The Speaker: The Chair will refer this to the Committee on Miscellaneous Business.

Dr. A. G. Sheets (Eaton): I want to offer for honorary membership a man born in 1861, a member of the Eaton County Medical Society since 1896, Dr. A. H. Burleson of Olivet.

The Speaker: Do you make that as a motion?

Dr. A. G. Sheets (Eaton): Yes.

Dr. K. B. Brucker (Ingham): I support the motion.

The Speaker: Is there any discussion?

The motion was put to a vote, and was carried.

Dr. T. P. Treynor: I would like to make a motion that the House of Delegates convey the greetings of this Society to Dr. William T. Dodge of Big Rapids, Past President of our Society and honorary member, who has been prevented in the past three years, due to ill health, from attending these sessions.

The motion was regularly supported, was put to a vote and carried.

Upon motion to adjourn, which was regularly seconded, the meeting adjourned at 12:30 o'clock.

Tuesday Afternoon Session

September 13, 1932

The second session of the House of Delegates convened at 2:55 o'clock, the Speaker presiding.

The Speaker: Come to order, please, gentlemen.

Is the Credentials Committee ready to report?

Dr. A. A. McNabb (Kalamazoo): Additional credentials have been presented, bringing the total number of accredited delegates up to seventy.

I move that the report be adopted.

The motion was regularly seconded, was put to a vote and carried.

The Speaker: We will have the roll call.

The Secretary: I hold in my hands the signed roll call of more than a quorum of this House, and would suggest that some delegate move that the signed roll call be the roll call of the second session.

Dr. W. J. Stapleton, Jr. (Wayne): I make such a motion.

Dr. A. P. Biddle (Wayne): I second the motion.

The Speaker: You have heard the motion. The motion was put to a vote, and was carried.

The Speaker: We will now listen to reports of committees. The first is the Committee on the Report of the Council.

Dr. L. O. Geib read the report of the Committee on Report of Council.

REPORT OF COMMITTEE APPOINTED TO STUDY THE ANNUAL REPORT OF THE COUNCIL OF THE MICHIGAN STATE MEDICAL SOCIETY

Your Committee has given the Report of the Council careful and serious consideration and wishes to compliment The Council on the excellence of the work of the past year. However, there has been some criticism of The Council and we suggest that there be some other manner of organizing the Executive Committee of The Council; we also believe that there should be some new method adopted to create an Annual Budget and a Budget Committee for the study of same. We approve of the contacts that have been made with lay organizations, as recommended by The Council. We appreciate the laborious efforts and sacrifice of time and money made by the individual members of The Council, and we want these men to know that we recognize their altruism which is hereby given formal presentation.

L. G. CHRISTIAN
G. H. SOUTHWORTH
L. O. GEIB

Dr. L. O. Geib (Wayne): I move the adoption of the report.

Dr. W. A. Hyland (Kent): I second the motion.

The Speaker: It has been moved and supported that the Committee's report on report of the Council be adopted. Is there any discussion?

The motion was put to a vote, and was carried.

SOCIETY AFFAIRS

The Speaker: Next we will have the report of the Committee on Society Affairs.

Dr. G. C. Penberthy (Wayne): The Committee appointed to consider the various amendments and changes to the Constitution have carefully considered the various changes suggested, and we as a committee wish to report on the various resolutions independently so that the House of Delegates may consider each one at this time.

In regard to the House of Delegates meeting twice annually, the committee feels that adequate provision already exists in Article VII, Section 3, of the By-laws for such extra sessions.

Dr. J. D. Brook (Kent): I move the adoption of this portion of the Committee's report.

Dr. L. J. Hirschman (Wayne): I second the motion.

The Speaker: It has been moved and supported that this part of the Committee's report relating to the meetings of the House of Delegates be adopted. The Committee has recommended that inasmuch as sufficient provision is contained in our Constitution and By-Laws, the resolution be not adopted. Is there any discussion?

Dr. A. H. Whittaker (Wayne): Mr. Speaker, there is a feeling among the delegates this year, I am sure, although not much has been said about it, that it would be nice to have more than one meeting a year. While it is perfectly possible at the present time to call a special meeting, if the delegates and the various county societies were aware of the fact that there was to be a regular meeting in the mid-year, there would be various plans made for things of interest to be presented at that mid-year meeting, and I would like to say that I am very much in favor of having at least two meetings a year.

The only criticism there has been of two meetings is the expense involved in the delegates coming to these meetings, but I am sure most of the men who are delegates here today and officers of the various county societies in the state of Michigan will be only too glad to spend the one day's time and the little work involved to come to this second meeting during the year.

Dr. Phillip Riley (Jackson): When we considered this we felt that if the delegates thought we should have a second meeting this year we could make a motion today to have the second meeting, rather than amend the Constitution. If the delegates feel there should be a second meeting this year, I move we have one in the middle of the winter some time.

Dr. L. O. Geib (Wayne): I move a semi-annual meeting be called for the first of next year.

The Speaker: Dr. Penberthy will state the original question.

Dr. G. C. Penberthy (Wayne): In regard to the sessions and meetings, I wish to read Article VII:

"Section 1. The Society shall hold an annual meeting at such time and place," and so forth. That is the annual meeting.

"Section 3. Special meetings of the House of Delegates shall be called by the Council, on a petition signed by thirty delegates who served at the last regular session of the House. It is distinctly provided that in petitioning for a special session of the House of Delegates not more than fifteen petitioners shall come from one county society."

It is thought that the provision in the present Constitution and By-laws is sufficient to take care of any special meeting that might be called.

The Speaker: From there on we can go on with the discussion. Anyone who wants to put a motion can.

Dr. Riley moved that arrangements be made for a second meeting. Was that your motion?

Dr. Phillip Riley (Jackson): In the middle of the winter.

The Speaker: Dr. Brook's motion was that that portion of the Committee's report rejecting the resolution be accepted as read and that we have no more meetings, because it was the Committee's idea there was already sufficient provision made in our Constitution and By-laws. That is the question now.

The question was called for.

The Speaker: All in favor of Dr. Brook's motion

say "Aye;" contrary, "No." The "Ayes" appear to have it. We can call for a division of the house if you want the votes counted.

All those in favor of the motion arise. (Forty-five.)

Those opposed arise. (Nineteen.)

The motion is carried.

Dr. G. C. Penberthy (Wayne): The Committee endorses the activities and recommendations of the Auxiliary Committee of the Veterans' Legislation appointed by the American Medical Association.

Dr. A. P. Biddle (Wayne): I move its adoption.

The Speaker: Can you give us the substance of the recommendations?

Dr. Penberthy read the recommendations.

Dr. L. G. Christian (Ingham): I move the adoption of this portion of the report.

Dr. F. T. Andrews (Kalamazoo): I second the motion.

The Speaker: You have heard the motion. Is there any discussion?

The motion was put to a vote, and was carried.

Dr. G. C. Penberthy (Wayne): Amendment to Chapter 3, Section 7 d, delegates to the American Medical Association.

The Committee disapproves because the selection of ranking alternates is unsound. If you care to have me read the resolution as presented this morning, it will probably be in order to give you an opportunity to decide for yourselves just what you want to do with the amendment.

Dr. Penberthy read the proposed amendment.

Dr. Penberthy: I might say that the reason for the Committee questioning the advisability of endorsing this recommendation or amendment was the fact that if there was some question as regards alternates at the last moment an individual might be elected unanimously, even by ballot, and thereby be declared the senior alternate.

The Committee considered that an unsound amendment. I wish to refer it to the House for their decision.

Dr. A. P. Biddle (Wayne): I understood that one of the things the Wayne County delegates wanted was that we be privileged to select an alternate with the Secretary of our State Medical Society. As it is, we have only four alternates, and we want to know if this Committee recommends the election of another alternate. There is no alternate elected with Dr. Warnshuis, who is, by virtue of the Constitution of the State Society, a member of the House of Delegates of the A. M. A. I just want to know if that is included.

Dr. B. L. Connelly (Wayne): I move that the report of the Committee be rejected and that the By-law as proposed be made a part of the By-laws.

The Speaker: I believe there was a motion before the House before Dr. Penberthy made further comment. Is the Chair correct there? (Cries of "No.")

Dr. Biddle: I am asking for information. How many alternates have we under your resolution? We should have five alternates.

Dr. J. J. O'Meara (Jackson): I second the motion of Dr. Connelly.

The Speaker: Dr. Biddle has asked for information, and I would like to have that information given to him.

The Secretary: There are four alternates.

Dr. E. C. Baumgarten (Wayne): I believe Dr. Connelly had some correspondence with Dr. West, who I think has clarified the situation about which Dr. Biddle asks. Maybe Dr. Connelly could explain that.

Dr. B. L. Connelly (Wayne): I don't have the letter of Dr. West with me, but he says we are entitled to the same number of alternate delegates as delegates. We are entitled to five delegates, and as I understand it we should have five alternates.

The whole purpose of this amendment is merely to clarify that section as it reads in the By-laws. At the present time there is no method of selection outlined, there is no method of seniority worked out, and the purpose of this amendment is merely to clarify who is the senior alternate, and who shall take the place of any duly elected delegate who is absent.

As far as the report of the Committee is concerned, this amendment provides that there shall be an equal or greater number of candidates for alternate delegates as we are allowed, and this shall be by secret ballot. I don't see how it is possible to figure out that any man can be elected by acclamation there, because it specifically provides for ballot.

Dr. G. C. Penberthy (Wayne): I think if Dr. Connelly would incorporate in his amendment that the alternates be designated as one, two and three, it would clarify the whole situation.

Dr. B. L. Connelly (Wayne): It provides for a seniority there, which shall be according to the number of votes they receive. Call them one, two or three, or anything you want—A, B or C. The seniority is determined by the number of votes they receive. The name of the thing isn't important at all. It is the seniority that is important.

Dr. R. McKean (Wayne): May I ask for information. What is the advantage of voting for two and having to draw one and get in on the next vote? Why not vote for the four or three of them at once, and put them in their order and vote at that time?

Dr. Connelly: I think Dr. McKean has entirely misunderstood the amendment. I think it would be a wise plan to read it over again. That is only in case of a tie.

Dr. McKean: I know that. Why should the tie be voted three times?

Dr. Penberthy read the section dealing with the matter of tie votes.

Dr. L. J. Hirschman (Wayne): May I ask to have the Secretary read that portion of the Constitution and By-laws of the State Medical Society and also the A. M. A. on the election of delegates and alternates so we may know what the present procedure is.

The Secretary: Mr. Speaker and Members of the House: Our Constitution is silent as to the election of delegates. It simply infers that part of the duties of this House is to elect its proper number of delegates to the parent organization, the American Medical Association.

The number of delegates that Michigan is entitled to is allotted every three years according to

our membership and our ratio. The House of Delegates of the A. M. A. is limited to 175 delegates, and according to the membership of the various states in the country it is one delegate to every 700 or 600 or 800 members, so as to give that one delegate for each group of members, which gives us under our present membership five delegates.

It also provides in our By-laws that we shall also elect alternate delegates. It is the rule of the House of the American Medical Association that delegates shall be elected by constituent state organizations, and that they shall have each alternate elected as a delegate for the individual, or alternates-at-large. The point of it is that a good many states have lost representation because they elected delegates as alternates of individuals. For instance, if Dr. Biddle was elected as an alternate of Dr. Hirschman, and Dr. Hirschman couldn't go and Dr. Biddle couldn't go, we wouldn't have a delegate in the House of the A. M. A. But if we elected Dr. Biddle as one of the alternate delegates-at-large, Dr. Biddle could serve for any one of our regularly elected delegates and we would have our five delegates in the House of the A. M. A.

Dr. L. J. Hirschman (Wayne): Will you inform the House whether the alternates are elected as alternates-at-large?

The Secretary: They are elected as alternates-at-large, and are so certified to the Secretary of the A. M. A.

Dr. A. P. Biddle (Wayne): How do you select your alternate?

The Secretary: My alternate has always been selected by the Council or the Executive Committee of the Council. They have adopted somewhat the precedent of electing a man oldest in service. If one man was elected as alternate this year and another had been elected an alternate-at-large last year, the man who was elected alternate-at-large last year would be the one who would serve.

The Speaker: Is there any further discussion of Dr. Connelly's motion? I trust the assembly is clear on the point.

Dr. J. J. O'Meara (Jackson): In these last years in the election of an alternate, it hasn't happened as our Secretary said. I believe Riley of Jackson was elected two years ago at Jackson, and he wasn't sent as a delegate to the A. M. A. last year.

The Speaker: Is there any further discussion? So the question may be clear, Dr. Penberthy's Committee sent in an adverse report on that resolution. Dr. Connelly's motion is that Dr. Penberthy's report be rejected. Are you ready for the question?

The question was called for, and the motion was put to a vote and carried.

Dr. B. L. Connelly (Wayne): Will you please repeat my motion to the House? You did not repeat it in full and we voted on it without having the complete motion before the House. Some of the men feel that the report is not accepted.

The Speaker: It has been rejected. That is the way the Chair rules.

Dr. Connelly: To clarify the situation, I move the amendment as proposed this morning be adopted.

The motion was supported by several.

The Speaker: Dr. Connelly moves that the amendment as reported this morning be adopted. Is there any discussion?

Dr. L. J. Hirschman (Wayne): May we have that amendment read before we vote, so we can vote intelligently?

Dr. Penberthy read the entire amendment.

The Secretary: May I suggest that you put in there "alternates-at-large," because if you don't you are going to get hung up.

Dr. B. L. Connelly (Wayne): I will accept that.

The motion to adopt the amendment was put to a vote, and was carried.

Dr. C. T. Ekelund (Oakland): It seems to me I recall that somewhere in the By-laws it requires an amendment before the next session.

The Speaker: That has to do with the Constitution. This is a matter of By-laws, and you practically had previous notice on it saying it was going to come up, so I believe the Chair will have to rule the amendment was adopted.

Dr. G. C. Penberthy (Wayne): The amendment to the By-laws pertaining to election of officers by roll call is disapproved by the Committee.

Dr. A. P. Biddle (Wayne): I move the adoption of the report.

Dr. L. O. Geib (Wayne): I move the report be rejected.

Dr. L. J. Gariepy (Wayne): I support it.

The Speaker: You have heard Dr. Geib's motion that this part of the Committee's report be rejected. Is there any discussion?

Dr. L. J. Hirschman (Wayne): I believe we ought to think this over very carefully. If this is rejected and the procedure advised is adopted, we are violating the first principles of American citizenship, the right of initiative and untrammeled thought and action. In other words, you are destroying the secrecy of the ballot. There is nothing I would personally vote for that I wouldn't tell somebody about. There may be some reason why some individual may not want to declare these things. I think he should have that privilege.

We have adopted the secret ballot for the election of alternates, and now we want a roll call for the election of officers. It is un-American and unparliamentary, and it is going to disturb the whole machinery of this society. I hope the motion to reject the report does not prevail.

Dr. J. D. Curtis (Wayne): I want to take very vital exception to Dr. Hirschman's statement. He said this was un-American and unparliamentary. He is wrong both ways. This is a representative body and you are representing other men. They have a right to know how you vote. That is what happens in your House of Representatives. That is what happens in your state legislatures. Therefore, it is not un-American. As far as being unparliamentary is concerned, I am sorry to contradict you because it is parliamentary.

Dr. R. H. Denham (Kent): The question just brought up is on measures, not on officers; not on the election of officers, but on the election of measures. In the House of Representatives they vote on measures, but in voting for officers your vote is always secret.

Dr. L. O. Geib (Wayne): On this motion, I also take exception that this thing is un-American. In the United States Senate, the person the President wishes to elect or appoint to some legislative or diplomatic position has to be confirmed by the Senate. That appointment is voted on by roll call, and it is right that it should be that way because the Senator or Representative is not representing himself; he is representing the people back home.

A few years ago, until the session at Benton Harbor, this method was correct because at that time the President and Vice President, and so forth, were elected by the members-at-large, and any man in that situation can vote as he pleases, but this is a different situation. A man should be labeled as to the

man he votes for, and the people back home should know he was voting for the very best man obtainable. If he doesn't do that, he is answerable to them for his vote.

Dr. P. D. Amadon (Monroe): Personally, I don't see the urgency of trying to rush something like this through. This may be constitutional, and all that sort of thing, but I don't see how we can glibly pass this without some consideration. Here is something that came up two or three hours ago, and now we come in here and want to change the Constitution after two or three hours' consideration.

First of all, the committee reports that they think this thing should be rejected. They have given it more thought than we have, and they don't approve of it.

The question was raised here that our constituency have a right to know how we vote on this thing. Our constituency won't know a damned thing about this because we aren't going to tell them. We are going to rush it through in one session and nobody is going to know anything about it. I think it should be given further consideration and not be voted on today.

Dr. A. E. Catherwood (Wayne): When this was brought up at the meeting we had in Wayne County I objected to it. I still object to it very strenuously. We have heard this talk about the constituents back home knowing how you vote. If they would instruct us first to vote a certain way, that would be all well and good. We are elected to use our common sense and brains, and I think every one who is honest will do that with a secret ballot. Those same people probably wouldn't do the same thing under all circumstances if it was an open vote. I object to this resolution very much.

Dr. E. D. Spalding (Wayne): In view of the fact that there is apparently a very honest and quite vitriolic difference of opinion here, I move this matter be laid on the table.

The motion was supported by several, was put to a vote and carried.

Dr. G. C. Penberthy (Wayne): The amendment as pertaining to the budget is approved by the committee. For your information, I will read this amendment.

Dr. Penberthy read the amendment.

Dr. E. C. Baumgarten (Wayne): I move its adoption.

Dr. R. McKean (Wayne): I support that.

The Speaker: Is there any discussion, gentlemen?

Dr. E. D. Spalding (Wayne): A minor point about this $500. Instead of putting this in as a flat figure, I wonder if it would not be better to put this in as a percentage of the whole, and express that as a percentage of the whole, so that if it were a large budget year they would have a little more latitude, and if a close budget year they would have a smaller latitude. I propose that as an amendment.

Dr. E. C. Baumgarten (Wayne): I don't see any reason why that wouldn't be an acceptable amendment, except that Dr. Spalding has not stated any particular percentage in his amendment. I believe that would have to be based entirely on past experience as to what the budget was, and I am not familiar with those exact figures and wouldn't be able to give the information.

The Speaker: The question now is on the amendment. Is there any further discussion?

Dr. E. D. Spalding (Wayne): May I ask those who are more conversant with the finances of the Society what proportion of an average budget this flat $500 figure represents?

The Secretary: About one and one-half per cent.

Dr. Spalding: Instead of saying a flat $500, state it as a percentage, one and one-half per cent.

Dr. Stone: May I ask a question, please? I am not a member of the House of Delegates. It strikes me as an important issue that possibly the delegates seated here should know the procedure which has been followed for several years back, and I would suggest that your Secretary explain to the delegates the procedure as to making a budget.

The Secretary: Mr. Speaker and Members of the House: The Constitution and By-laws of this House provide that the funds of the Society shall be under control of the Council and that there shall be no expenditures without the approval of the Council.

To adopt and apply the amendment that has been proposed, you would have to rescind that provision of your Constitution and your By-laws.

For the past twenty years, during the chairmanship of Dr. Stone as Chairman of the Council, and Dr. Dodge as Chairman of the Council, and as long as Dr. Corbus has been Chairman of the Council, the Council has had a finance committee composed of three members of the Council. At the present time, Dr. George LeFevre, president and chairman of the board of directors of the Union National Bank of Muskegon, is Chairman of the Finance Committee of the Council.

Previous to each fiscal year (our fiscal year is from January 1 to December 31), the Chairman of the Finance Committee of the Council with the other two members of the Finance Committee confer and have a meeting with the Secretary. We go over the expenditures of the previous year. We have the accounts audited by certified public accountants. Ernst and Ernst are our certified public accountants. We have in mind the activities of the Society, the contemplated activities for the ensuing year, and with these facts at hand a budget has always been made. So much has been appropriated for the expense of the Journal. We have had estimated our advertising income from the Journal. From the membership dues there has been allotted some years $2.50, some years $3 and other years $2 which is put into the Journal fund and the Journal is run from that fund of the budget. When the expense of the Journal comes near to that budget amount, or threatens to exceed that amount of the budget, it has always been presented to the Executive Committee of the Council and an appropriation has been made to reimburse that budget of the Journal.

So, too, with so-called Society expense, the expense of the annual meeting, the expense of delegates to the American Medical Association, the expense of our committees, and the expense of our Legislative Committee. All of them have had a budget of anywhere from $200 to $3,000, and the present committee on Survey of Medical and Health Agencies has a budget this year of $5,000. The funds of the Society have always been budgeted and have not been spent promiscuously.

In the arrangement of the budget, as is done by every corporation and organization, a reserve fund is created in which there is an amount usually of from $500 to $1,500. In the event of an emergency, as there was a little over a year ago when the poliomyelitic epidemic threatened us, an emergency appropriation of $1,000 was made by the Council for the preventive work and the educational work. Dur-

ing the past twenty years the Society has had a budget duly appropriated and duly figured out. This has been reported in the mid-winter report of the Council which usually appears in the February Journal each year. Under these conditions are our funds appropriated.

It has been by the management of your officers, your Councilors and your committees that we have in the past been fortunate in building up a reserve. We have a reserve of approximately $47,000. Of that $47,000 approximately $20,000 belongs to the Medico-Legal Defense. The provision is made that in the event the Medico-Legal Committee's expenses during the year exceed the amount appropriated to them, the Council is authorized by a paragraph in your By-laws to make an appropriation from the general funds of the Society for the expense of the Medico-Legal Committee.

These funds have been invested in what is known as A, AA and AAA bonds. They are the soundest bonds known at the time. They consist of bonds of the Pennsylvania Railroad, the Baltimore & Ohio Railroad, the U. S. Steel Corporation, and the 45 Broadway Building in New York, all rated as A, AA and AAA bonds. Probably some of you had bonds and had them go wrong these last few years. As a result of the so-called "repression" in the last few years, our reserve in bonds has materially shrunk so that at the present time the Society has approximately a reserve of $11,000, and the Medico-Legal Committee has a reserve of $13,000, or approximately $24,000 all together. However, our auditors have set aside in our audit statement as our net worth a provisional account of $13,000 to take care of the shrinkage of this $47,000 we have in our reserve.

The principle under which the administration of funds has been governed by your Council has been approved by our bankers, and has been approved also by our attorneys.

I do not see (while I can see possibly in a measure the intention of the amendment) how, without the facts I have just imparted to you, the amendment is going to improve the financial administration of the Society, increase the soundness of our financial situation or limit the appropriations of the Society. Possibly Dr. Corbus, as Chairman of the Council, or Dr. LeFevre as Chairman of the Finance Committee, may supplement the rough outline I have given you of the financial affairs of your organization.

Dr. B. R. Corbus (Grand Rapids): Your Council has been just as careful as it can in the administration of funds. It is only those who are very close to our organization in a financial way who can see the possible demands that are going to be placed on the Society in the coming year for the appropriations for the budget.

We would, of course, be extremely careful in the administration of funds, the paying out of funds, and yet I see a great danger in limiting the reserve the Council has to spend.

Take the annual meeting, for instance. We don't have any idea how much an annual meeting is going to cost until we are right at the annual meeting. I think the Secretary might talk to you on that. We are concerned at times. This meeting will cost us $3,000. We had no thought or idea that it was going to cost us $3,000. Next year's meeting has got to be very much less. I wish the Secretary would go on with his talk, speaking of the annual meetings and their cost.

Dr. E. C. Baumgarten (Wayne): All these remarks that have been made are undoubtedly quite true, but I still can't see any objection to this House of Delegates, through its members on the budget committee, having some idea or having something to say as to how its funds are to be expended.

It has been stated that the funds are spent only by the Council. Theoretically, possibly, that is true, but I would like to have a roll call of the Council and ask how many men actually voted before the money was spent as to whether or not the money was going to be spent. As a matter of fact, the Executive Committee has absolute authority, or has had in the past I believe, and even certain fractions of the Executive Committee have taken it upon themselves to disburse funds and have it approved by the Council later. I believe those are facts that can't be disputed. I still believe the House of Delegates should have a right and something to say as to how its money is expended.

The Speaker: Is there any further discussion of the motion? There is an amendment now changing it from a specific amount to a percentage.

Dr. E. D. Spalding (Wayne): Close figuring shows two per cent rather than one per cent is what the figure of $500 represents, and I would like to put in the figure of two per cent.

The Speaker: Are you all clear on the question? We will vote on the amendment now.

The amendment was put to a vote, and was carried.

The Speaker: We will not vote on the motion as amended.

The Secretary: The motion as I understand it is the amendment offered by your Committee that the budget be formulated by a committee constituted of one member from each Councilor District.

Dr. Penberthy read the amendment concerning the budget.

The Speaker: Are you clear on the question now, gentlemen?

We will vote on the motion as amended.

Dr. Cook: I think there is a question we ought to take up. The budget is drawn up in January and there will be a lapse between this meeting and the January meeting when the next budget is drawn up. A budget should be prepared to be presented to this House of Delegates at this time in order to have a budget to operate on between January 1 and the time the House of Delegates meets again.

Dr. J. R. Rupp (Wayne): I feel we are monkeying too much with our Constitution.

I believe our Society has been functioning satisfactorily as far as the disbursement of its funds, and I hate to see such provisions put in as provided for in this amendment. I would certainly vote against the amendment.

Dr. K. B. Brucker (Ingham): It seems to me this thing is a lot of hooey and a lot of needless monkeying with the By-laws. If the Councilor of each district appoints a delegate from that district who is to get together once a year after the budget is drawn up, and go over this thing, I want to ask you how much this group of men are going to know about this budget. How much are they going to understand about the inside workings of this thing and the necessity for the various items of this budget. It seems to me we should entrust this thing to a Board of Directors made up of the Council and their Finance Committee and leave it to them. Try to throw the whole thing into the House of Delegates and you have a lot of waste motion, it seems to me.

Dr. I. W. Greene (Shiawassee): I think if we should pass this it would be necessary for us to go back and vote again on the question of having two meetings a year instead of one, because if this budget is thrown into a general discussion, from the way things have gone today I think it will take one entire session to discuss the budget. I under-

stood from the motion that after it was passed on by this Budget Committee it was also to be voted on by the House of Delegates. You get a group of men as large as this, they will never agree on all the subjects.

Dr. F. W. Garber (Muskegon): I think in the proceedings this afternoon we have been voting on things without knowing anything about them. It is a good illustration of what is going to happen if we adopt this amendment.

It seems to me absolutely impossible for this House of Delegates to act on questions of this kind on the spur of the moment. It should be something that should be thought out, and on which every man is thoroughly familiar. I am not in favor of the amendment.

Dr. J. D. Brook (Kent): I move this section of the Committee's report be tabled.

The motion was supported by several, and was put to a vote and carried.

Dr. G. C. Penberthy (Wayne): The amendment for the election of officers by the Council and choosing the Executive Committee is disapproved. For your information, I will read the amendment.

Dr. Penberthy read the amendment.

Dr. A. P. Biddle (Wayne): I move the adoption of the report.

The motion was regularly seconded.

The Speaker: Is there any discussion, gentlemen?

Dr. A. E. Catherwood (Wayne): May I ask how the Executive Committee of the Council is elected.

Dr. B. R. Corbus (Grand Rapids): They are elected by the Council.

Dr. A. H. Whittaker (Wayne): The fact that these motions are continually cropping up here along the same tenor shows there must be some dissatisfaction with the present method of choosing the Executive Committee of the Council.

I don't wish to be antagonistic in this matter, but I have heard discussion throughout the state of Michigan that perhaps our present method could be improved on. There is no getting about the fact that at the present time the State Medical Society is run by a group of two to five men. The House of Delegates is supposed to be the representative body of this medical society, and I think the House of Delegates and the Council working together should be the guiding spirit of this Society and not a small group of men. I don't believe our Council of sixteen men is too large or too unwieldy to administer the duties of this Society.

I hope due consideration will be given before we vote, so that the Society will have a greater voice in the choice of men who represent us in the long period of time that exists between our annual meetings.

Dr. J. D. Bruce (Ann Arbor): I think Dr. Baumgarten made a worth-while contribution. I am very sympathetic with this general discussion. He made the statement that sums of money had been appropriated by individual members of the Council and later ratified by the Council. I think it due the Council and the House of Delegates that he give us the instance or instances to which he refers. The Council has no objection, I think, or any member of the Council.

Dr. L. J. Hirschman (Wayne): The Council of sixteen members is elected by the House of Delegates. Nominations are made by each Councilor district. The delegates from each Councilor district select the man who they feel will best represent their district. If they have selected men in whom they have confidence and whom they trust, they have selected them as the Board of Directors of this organization, this corporation of which we represent the stockholders. We are all stockholders. They meet as often as necessary, sometimes once a month and sometimes not as often. They are all busy practitioners, the same as all the rest of us. They have to go to these meetings and leave their practice to do it, and at considerable sacrifice of time and absence from their work. It is absolutely impossible to get sixteen men to meet as many times a year as necessary to properly conduct the affairs of the Society.

Therefore, wisely, these sixteen men whom you have elected as your representatives, as your Board of Directors, have selected from their number five men in whom they have confidence because of contact month after month. They pick the five men who they feel can best administer the affairs of the Society in between meetings of the Council, and those men, as I have occasion to know when I was President, are men of probity, of honesty, of integrity, and men who can very well handle your funds, better perhaps than they could handle their own.

If you are going to have each Councilor nominate another man to do his thinking for him on the budget, and the Councilor himself is meeting with other Councilors during the year in conference, you are going to spoil, you are going to disburse and are going to dilute the combined knowledge and experience of your Council. We have done much tinkering this year with the Constitution. We should simplify the methods and not complicate them. I hope any change in the present method will not prevail.

Dr. H. Cook (Genesee): In justice to the Chairman of the Council, I would like to make an explanation somewhat of the progress which has taken place in the formation of the Executive Committee of the Council.

I was on the Council six years ago, and there was no one practically, except Dr. Bruce, from the east side of the state. At that time it was necessary and advisable to have a representative from the east side of the state, and after a caucus of the men from the east side of the state it happened to be myself, because the other members didn't care to spend the time to go to the Executive Committee meeting.

A year ago when Dr. Brunk and Dr. Carstens were elected to the Council, it seemed advisable that some man from Wayne County should be elected to the Executive Committee of the Council, and Dr. Carstens was appointed. Dr. Robb, who will be our President next year, is also a member ex-officio of the Executive Committee of the Council.

I have noticed it has been the desire of the Council to distribute and place the men upon the Executive Committee who could best serve and best attend these meetings. I think these men should understand that. There has never been any desire on the part of the Council or officers of the Council to be unfair.

It seems to me this question has been raised considerably from Wayne County. Wayne County has two members upon this Executive Committee at the present time, and they are good members and we value them very highly, and I believe they represent you and are just as interested in one part of the state as in another part of the state.

I don't believe you should misunderstand the work of the Executive Committee and the desire of the Council in the appointment of the Executive Committee. I think you should understand that two mem-

bers automatically become members of it because one is Chairman of the Finance Committee and the other is Chairman of Publications, Vice Chairman and Chairman of the Council, in order to make it represent the whole state as much as possible.

You can readily understand it would be very difficult for a man in the upper peninsula to come to the meetings, which often take place once a month. I think you men should consider those things in your deliberations.

Dr. A. H. Whittaker (Wayne): I would like to draw the attention of the House of Delegates to the fact that two members mentioned as being members of the Executive Committee are not full-fledged members of the Executive Committee and are without vote.

Dr. B. R. Corbus (Grand Rapids): No.

Dr. A. H. Whittaker (Wayne): At any rate, we have heard the other side of the question from members of the Executive Committee, and I would like very much for this House of Delegates to hear from the other members of the Council who are not members of the Executive Committee as to their opinion. I would like to hear from every member of the Council present.

The Speaker: Is there any member of the Council who wishes to answer that? Is there any further discussion, gentlemen?

The Committee reported adversely on these resolutions, and the motion now is to adopt the Committee's report.

The motion was put to a vote, and was carried.

Dr. G. C. Penberthy (Wayne): The Committee accepted the report of the delegates to the American Medical Association. I move its adoption.

The motion was regularly seconded, was put to a vote and carried.

Dr. Penberthy: The Committee also accepts and approves the report of Dr. Marshall on the Medical Survey. I move its adoption.

The motion was supported by several, was put to a vote and carried.

Dr. G. C. Penberthy (Wayne): The Committee also approves and accepts the address of the President-elect. I move its acceptance.

The motion was regularly supported, was put to a vote and carried.

Dr. Penberthy: The Committee also accepts and approves the address of the President. I move its acceptance.

The motion was regularly supported, was put to a vote and carried.

Dr. Penberthy: The Committee also accepts and approves the address of the Speaker of the House. I move its acceptance.

Dr. H. A. Luce (Wayne): I second the motion.

The motion was put to a vote, and was carried.

SPECIAL COMMITTEE

The Speaker: Dr. Luce, I believe I appointed you to a special committee this morning. We will hear your report.

Dr. H. A. Luce (Wayne): Mr. Speaker and Members of the House of Delegates: The report of the Special Committee, to which was referred the Curtis motion, which was in effect as follows:

Dr. Luce read the motion.

Dr. Luce: I move its adoption.

The motion was regularly supported, was put to a vote and carried.

Dr. H. A. Luce (Wayne): Report of Special Committee to which was referred Delegate Ekelund's resolution in the matter of medical, surgical and hospital care of afflicted children of indigent parents, as provided for in Act 274.

Dr. Luce read the report of the Special Committee concerning this matter.

Dr. Luce: I move the adoption of the Committee's report.

The motion was supported by several, was put to a vote and carried.

Dr. Luce: Report of Special Committee to which was referred the resolution introduced by Delegate Brook with reference to the political indorsements of any candidates by officers, council, or committee of this Society.

Dr. Luce read the report of the Special Committee concerning this matter.

Dr. Luce: I move the adoption of the report of the Committee.

The motion was regularly seconded, was put to a vote and carried.

Dr. Luce read the report of the Special Committee with reference to the resolution concerning indiscriminate distribution of biological products by the department of public health.

Dr. H. A. Luce (Wayne): I so move.

The motion was regularly seconded, was put to a vote and was carried.

Dr. Luce: I move the adoption of the report of the Special Committee as a whole.

The motion was regularly seconded, was put to a vote and was carried.

MISCELLANEOUS BUSINESS

The Speaker: Next we will listen to the report of the Committee on Miscellaneous Business.

Dr. Luce: I will preface this with an explanation. I know you are getting tired, and I know the delegates to the A. M. A. will enjoy the privilege of showing the delegates of the state of Michigan the rare treat we have when we are in the House of Delegates. I therefore move that we resolve ourselves into a Committee of the Whole and that the Secretary of the Michigan State Medical Society act as Chairman during discussion of this business.

The Speaker: You have heard the motion, gentlemen. The motion is that we resolve into a Committee of the Whole.

The motion was regularly seconded, was put to a vote and carried, and the session con-

vened as a Committee of the Whole with Dr. Warnshuis in the chair.

COMMITTEE OF THE WHOLE

The Chairman: The Committee of the Whole will please come to order.

You have been called together to hear the report of the Special Committee of the House of Delegates on Miscellaneous Business, of which Dr. Gorsline is the Chairman. Dr. Gorsline will render his report to this Committee.

Dr. C. S. Gorsline (Calhoun): Mr. Chairman and Gentlemen of the House: I don't know how much you want read of these motions. All of them are short, but after the discussion we have had perhaps you have forgotten all about what went on this morning.

Dr. Gorsline read the resolution beginning with the words, "Whereas, The trend of the times has exercised," and so forth.

Dr. Gorsline: Your Committee reports favorably and recommends the adoption of the resolution.

Dr. Philip Riley (Jackson): If that report is adopted, does the University of Michigan violate that provision in their hospital?

The Chairman: Can the Chairman of the Committee answer the question?

Dr. Gorsline: I don't know.

Dr. L. J. Hirschman (Wayne): Mr. Chairman, I move an amendment to insert the words "and sanatorium" in every place where hospital is mentioned in this report.

The Chairman: Does the Chairman of the Committee wish to accept that amendment?

Dr. C. S. Gorsline (Calhoun): You want to broaden the scope of that?

Dr. Hirschman: I want to broaden the scope.

Dr. Gorsline: I have no menas of conferring with the rest of the Committee. If any of the rest of the Committee are present, I would like your expression.

The Chairman: Unless any other member of the Committee offers objection, it will be construed that the words "and sanatorium" are inserted after the word "hospital." Is there any discussion?

Dr. H. A. Luce (Wayne): That motion was not seconded, Mr. Chairman. I understood Delegate Hirschman made that as a motion to amend. It has not been seconded.

The Chairman: He moved it as a suggestion. The Chair asks the Chairman of the Committee if he would entertain the suggestion on behalf of the Committee. Having heard no objection from his Committee, the suggestion is entertained.

The recommendation of the Committee is still before you, that this resolution be adopted. Is there any further discussion?

Dr. G. H. Southwick (Kent): Inasmuch as the Chairman of the Committee has left in that Committee report the words in which this flat rate is not approved by the medical staff of the institution, I believe it entirely nullifies their recommendation, because I happen to be a member of a hospital staff which has partially adopted the flat rate principle, and the Board of Trustees anticipate a wider policy if not stopped at the present time. They can entirely nullify your recommendation simply on the wording there at the present time, due to the fact that you have left in there where this is not approved by the medical staff of the institution.

The Chairman: Is there any further discussion?

The motion was put to a vote, and was carried.

Dr. F. T. Andrews (Kalamazoo): I move that a copy of this report be sent immediately to the hospital convention being held at Detroit.

The Chairman: Dr. Andrews, may I ask you to defer that motion? This body is now sitting as a Committee of the Whole and not as a House of Delegates. After you reconvene as a House of Delegates, I think that motion would be entirely in order and be entertained by the Speaker.

Dr. F. T. Andrews (Kalamazoo): At your suggestion, I withdraw it, sir.

Dr. C. S. Gorsline (Calhoun): Mr. Chairman, Dr. Greene of Shiawassee offers the following resolution:

Dr. Gorsline read the resolution beginning with the words, "Whereas, At the present time it is necessary that all state expenditures," and so forth.

Dr. Gorsline: Your Committee approves this resolution and moves its adoption.

The motion was supported by several, was put to a vote and carried.

Dr. Gorsline read the resolution submitted by Dr. Estabrook beginning with the words, "Whereas, Under the present birth registration law of Michigan," and so forth.

Dr. Gorsline: The Committee approves, and I move the adoption of the resolution.

The motion was supported by several, was put to a vote and carried.

Dr. Gorsline: I would like to ask Dr. Gariepy if these two motions are not practically similar.

Dr. L. J. Gariepy (Wayne): They are very similar, but it is necessary to have two different motions to take care of the two different conditions that arise in the statute books. One is for the indigent and the other is for the insane, epileptic and feeble-minded. In one case you have to have two physicians appointed. In the other case there is one.

Dr. C. S. Gorsline (Calhoun): I will read them both.

Dr. Gorsline read the resolution beginning with the words, "Whereas, Sections 5276-77 of Act 293, Public Acts of 1929, provide that medical," and so forth.

Dr. Gorsline: The Committee recommends the adoption of the resolution.

The motion was supported by several, was put to a vote and carried.

Dr. Gorsline read the resolution beginning with the words, "Whereas, Act 231 of the Public Acts of 1923, Section 1325 of the Compiled Laws of 1915," and so forth.

Dr. Gorsline: The Committee recommends its adoption.

The motion was supported by several, was put to a vote and carried.

Dr. Gorsline: I have saved the best one for the last.

Dr. J. D. Curtis (Wayne): I move, before we go into this thing, that this body resolve itself into executive session.

The motion was regularly supported.

The Chairman: And that the Chairman be authorized to appoint a Sergeant-at-Arms to poll the committee.

The motion was put to a vote, and was carried.

The Chairman: You will recess for two minutes while the Sergeant-at-Arms, Dr. Curry of Flint, and Dr. Gariepy of Wayne, poll the House and see that only accredited members or delegates remain in this auditorium.

With the consent of the Committee, it has been customary that officers of the Association, members of the Council and of permanent committees be considered as eligible to attend the executive session; alternates also.

May I have such a motion or amendment? If there are no objections, the Sergeant-at-Arms of the House will so poll the House permitting these officers, alternates and members of the committees to remain.

Dr. H. A. Luce (Wayne): I offer an amendment that the secretaries of the societies be included.

The Chairman: And the secretaries of county societies.

Dr. Reeder will also be Assistant Sergeant-at-Arms.

Recess.

The Chairman: The Committee will please come to order. Will the Sergeant-at-Arms please report to the House how the committee was polled? Dr. Gariepy, is the Committee properly polled?

Dr. L. J. Gariepy (Wayne): I have polled this side of the house.

Dr. Frank Reeder (Genesee): I find all those I have examined are glad to remain.

The Chairman: This Committee is now in executive session and you will consider the resolution that is to be referred to you by the House of Delegates' Committee on Miscellaneous Business. Dr. Gorsline, the Chairman, has the floor.

Dr. J. D. Brook (Kent): Mr. Chairman, in the resolution I presented one of the delegates from Kent has made some remarks in which he desires to have a portion of this resolution deleted. To accomplish this purpose, I move the reconsideration of the adoption of this resolution.

Dr. C. S. Gorsline (Calhoun): What is the purpose of the deletion?

Dr. Brook: To make the resolution a little stronger.

The Chairman: The question is upon reconsideration of the resolution presented by Dr. Brook. Do I hear support?

Dr. A. V. Wenger (Kent): I support it.

The motion was put to a vote, and was carried.

The Chairman: The resolution is now before you in its original form.

Dr. J. D. Brook (Kent): Mr. Chairman, I move the adoption of this resolution with the following deletion in the paragraph next to the last, "in which the doctor has no voice in determining the fee he shall receive."

I move the adoption of the resolution with that deletion.

Dr. C. S. Gorsline (Calhoun): I wish to ask if that meets with the approval of the other members of my Committee? Is there any objection?

Dr. Stanley Insley (Wayne): I hold no brief for or against this particular amendment. I do hold a brief, however, for the Medical Society as a whole, and I don't like to be drawn into a controversial issue.

Dr. J. D. Curtis (Wayne): Point of order. He is discussing another resolution that hasn't been brought up yet.

Dr. Gorsline: This is the resolution I read first of all, offered by Dr. Brook.

The Chairman: It is relative to hospitals appointing staffs and hospitals engaging in contract practice and members of the staff not having voice in the determination of the policies of that practice or the fees they are to get. That is the context of the resolution.

Is there any further discussion?

The motion to adopt the resolution as amended was put to a vote, and was carried.

Dr. C. S. Gorsline (Calhoun): This matter that we have gone into executive session on is the matter of birth control. There is no action contemplated, so far as this Committee can observe, except that facts be obtained and those facts be made the subject of the Committee's report at the next meeting of the

House of Delegates. The Committee feels there is no harm in obtaining facts on any subject that is of interest to this House of Delegates. I will read the resolution with that in view.

Dr. Gorsline read the resolution beginning with the words, "Whereas, Wide publicity, public information," and so forth.

Dr. Gorsline: With the preliminary remarks I made, the Committee moves the adoption of this resolution.

The motion was supported by several.

The Chairman: The question is now before you and is confined to the one subject: Do you want a committee or do you not want a committee?

Is there any discussion?

Dr. Stanley Insley (Wayne): I notice the bottom of this resolution calls for further action.

Dr. C. S. Gorsline (Calhoun): I beg your pardon, Doctor. There is a little portion I inadvertently omitted.

Dr. Gorsline read the portion beginning with the words, "Be it further resolved that pending," and so forth.

Dr. Stanley Insley (Wayne): As I mentioned just a moment or so ago by not starting a controversial issue, and at the same time recognizing that in the report of the Committee they are simply attempting to ascertain facts, it has occurred to me that possibly the simply going on and studying this affair might in a way either give sanction to any organization or might, in a sense, be antagonistic to the beliefs of other organizations. I wonder if a slight change of wording in there would satisfy the sponsors of this movement so that would probably quiet any controversial questions that might arise either now or later.

I would like to offer the suggestion that two or three words be changed in there.

In the second paragraph, which reads, "Whereas, The question is of medical, moral and social interest and concern," I would like to ask permission to amend that to say, "question is of medical, moral and social economic interest."

In the fourth paragraph I would like to amend it slightly again. It reads now: "Whereas, Birth control policies, advice and application partly rests with the profession of medicine and should be controlled and directed by recognized medical organizations," and so forth.

I would like to make a motion that it read, "advice and application partly rests with the profession of medicine and should be studied by recognized medical organizations."

At the bottom, to further safeguard this motion and to stop any controversy possible, "And be it further resolved that nothing in this study shall be construed as sanctioning or disapproving of any organization, previous study of facts, or opinions."

I submit those modifications as an amendment.

The Chairman: Does the Committee wish to accept Dr. Insley's modifications and amendments to the original resolution?

Dr. C. S. Gorsline (Calhoun): Is there any objection on the part of any of the rest of my Committee? Do any of the other gentlemen wish to offer any suggestions? It is acceptable to me, Mr. Chairman.

Dr. E. D. Spalding (Wayne): I do not quite see why, in the deliberation of a scientific question, the moral issue should be injected and the scientific issue should be withdrawn.

Dr. Stanley Insley (Wayne): Your point is well taken, Dr. Spalding. The motion states we are going out after whatever facts may be found. I am only attempting to guard any statement which might be made at this present time to prevent it being construed as being antagonistic or at variance with any beliefs of other organizations. I have no intention of mixing any moral, social or medical facts.

The Chairman: Is there any further discussion? The question first is upon the acceptance of the amendments and alterations offered by Dr. Insley.

The motion on the amendments was put to a vote and carried.

The Chairman: The question now is upon the adoption of the Committee's report. Is there any discussion upon that question?

The motion to adopt the report of the Committee was put to a vote and was carried.

Dr. H. A. Luce (Wayne): I move we rise from executive session.

The motion was regularly supported, was put to a vote and carried.

The Chairman: You are now out of executive session.

Dr. L. J. Hirschman (Wayne): I move we rise from the Committee of the Whole, and that the Committee Chairman report to the House.

The motion was regularly seconded, was put to a vote and carried.

The Chairman: The Committee is adjourned.

The Speaker resumed the chair.

The Chairman: As Chairman of the Committee of the Whole, I beg leave to report that the Committee convened and considered the various subjects and resolutions that had been assigned to your Committee on Miscellaneous Business, and with the few alterations which are contained in the text of each resolution they have adopted these and so recommend to

the House of Delegates that these resolutions and reports be adopted.

I move the adoption of the report of the Committee of the Whole.

Dr. J. D. Brook (Kent): I support the motion.

The Speaker: You have heard the motion. Is there any discussion?

The motion was put to a vote, and was carried.

The Speaker: Is there any unfinished business?

UNFINISHED BUSINESS

The Secretary: Mr. Speaker, there lies over an amendment to the Constitution tendered by the Council at our last annual meeting which you will find on Page 9 of the handbook.

The Secretary read the amendment to the Constitution.

The Secretary: This amendment, Mr. Speaker, is now before the House.

Dr. A. P. Biddle (Wayne): I would like to ask the Speaker of the House, does that automatically exclude membership in the American Medical Association?

The Speaker: It says, "Members Emeritus shall hold all the privileges of membership, including the JOURNAL." The Chair would infer that membership in this Society carries with it membership in the National Association.

Dr. W. J. Stapleton (Wayne): I make a motion that it be adopted.

The motion was regularly supported.

The Speaker: Is there any discussion?

The motion was put to a vote, and was carried.

The Speaker: Is there any other new business?

Dr. K. B. Brucker (Ingham): Some time ago a resolution was passed in which the State Board of Health was condemned for the indiscriminate distribution of biological products. At that time, I think statement was made in the resolution or by some discussant that some thirty-odd products were made, and that that should be limited to the products which were to be used as an emergency proposition, some fifteen or sixteen.

I am sure the State Board of Health has no desire to indiscriminately peddle biological products around the state that the doctors do not want, and I think it is only fair that a bill of particulars as to which fifteen or sixteen products are approved should be given. I do not feel that the State Board of Health at the present time feels they are in the indiscriminate peddling of biological products. If the Medical Society desires that to be curtailed, I think it is only fair that the Board should know which ones should be eliminated.

Dr. H. A. Luce (Wayne): Mr. Speaker, may I be allowed to answer that question?

I have corresponded with State Health Officer Slemons and explained to him that the idea of the resolution was that we have no objection to the distribution of biological products, such as antitoxin, smallpox vaccine, antirachitic serum, antitetanic serum, or anything of that type.

The Speaker: Is there any further discussion? Is there any other new business, gentlemen?

Dr. F. W. Garber (Muskegon): It has become evident to some of us this afternoon that a lot of these resolutions that have come before us have come rather suddenly. We haven't had time to give them the consideration which it seems to me is most necessary. An amendment to the Constitution has to go over until next year. Many of these amendments to the By-laws are just as important, or at least only less important than amendments to the Constitution. There are other matters that require more study than we are able to give in the short time we have before us.

It has seemed to me that the men who intend to offer the resolutions know something about that before the JOURNAL next to this meeting is published, and I would make a motion to the effect that those expecting to offer resolutions at any regular meeting of the State Society present those resolutions, through the JOURNAL of the Society, in the nearest publication preceding the meeting, if I make myself clear.

The Speaker: The Chair feels that is a good suggestion.

Dr. H. A. Luce (Wayne): I support the motion.

Dr. E. C. Baumgarten (Wayne): I believe there was something to that effect in the address of one of our officers this morning. I have forgotten just the length of time specified, but I believe it was ten days, and that report was accepted as such.

Dr. A. P. Biddle (Wayne): Dr. Warnshuis will probably recall that some two or three years ago I made that same request, and after it was made the Secretary endorsed it. So I think that is proper and I should like to endorse the motion.

Dr. F. W. Garber (Muskegon): I would like to explain that this does not include any resolution that spontaneously comes to the mind of any delegate during the course of the meeting which he considers necessary or desirable to present, but so many of these resolutions are known at least thirty days before they are presented, and it seems to me that would be a good idea.

The Speaker: Are you ready for the question?

The motion was put to a vote, and was carried.

The Speaker: Is there any other new business?

Dr. A. H. Whittaker (Wayne): This is a petition for a meeting of the House of Delegates.

Because of the importance of the report of the Committee to Study the Medical and Health Agencies in Michigan, and as the report will be ready in January, 1933; be it

RESOLVED, That a special meeting of the House of Delegates be held in Lansing during the first week in February, 1933, the exact date to be determined by the President of the Michigan State Medical Society.

This petition is accompanied by the proper number of signatures.

The Speaker: This petition calling for special meeting will be referred to the Council.

Dr. Andrews, didn't you have some motion to present after we got out of the executive session?

Dr. F. T. Andrews (Kalamazoo): The motion was that a copy of the resolution which had to do with the hospitals be forwarded immediately to the hospital convention being held at Detroit this week.

Dr. L. J. Gariepy (Wayne): I support that motion.

Dr. R. H. Denham (Kent): This is a national hospital association meeting in Detroit, is it not? Do we care to inflict our state affairs upon the American Hospital Association? We would rather have it go, as the resolution suggested, to each hospital in the state.

Dr. F. T. Andrews (Kalamazoo): Personally, I don't think it makes a bit of difference. I think, if you take the attitude in the state of Michigan that we are against these things, we may start something in some of the other states.

The Speaker: The Chair doesn't wish to be dictatorial, but I feel this so keenly and I think it would be well to send it there today. They get letters and telegrams, and it might start something.

The motion was put to a vote, and was carried.

The Speaker: Is there any other new business?

What is your pleasure? The program calls for a third session at seven forty-five. Do you want it changed to seven-fifteen?

Dr. J. D. Brook (Kent): I move we recess until seven o'clock.

Dr. L. J. Gariepy (Wayne): I support the motion.

The motion was regularly carried, and the meeting recessed at four fifty-five o'clock.

Tuesday Evening Session

September 13, 1932

The final session of the House of Delegates was called to order at seven-fifteen o'clock, the Speaker presiding.

The Speaker: Gentlemen, please be seated and come to order.

Dr. McNabb, are you ready to report for the Committee on Credentials?

Dr. A. A. McNabb (Kalamazoo): Mr. Speaker, there have been seventy-one credentials turned in to the Credentials Committee today.

I move the adoption of this report.

The motion was regularly seconded, was put to a vote and carried.

The Speaker: The roll call, Mr. Secretary.

The Secretary: Mr. Speaker and Members of the House: I hold in my hand the signed roll call of more than a quorum, and I would suggest that some member of the House make a motion that this be constituted the roll call of this evening's session.

Dr. F. T. Andrews (Kalamazoo): I will make such a motion.

The motion was regularly seconded, was put to a vote and carried.

The Speaker: Is there any business to come before the House?

Dr. A. P. Biddle (Wayne): May I ask for an interpretation? I understand that in order to act on the change electing the delegates in August, that must be given immediate effect. If that is true, then we cannot act upon the proposed method for the election of delegates without having it given immediate effect. I would like to have an interpretation of that.

The Speaker: The amendment that was made to the By-laws was made in due form, and under parliamentary procedure an amendment enacted in annual session does not take place until the session adjourns. In order to make it apply for this evening's session, or for your deliberations this evening, it is necessary that somebody move that that amendment be given immediate effect.

Dr. A. P. Biddle (Wayne): In view of that, I move that the amendment be given immediate effect.

The motion was regularly supported.

The Speaker: You have heard the motion that the amendment concerning the method of electing alternates to the American Medical Association be given immediate effect.

Is there any discussion?

Dr. L. J. Hirschman (Wayne): As I understand it, the amendment as passed this afternoon provides for electing those of the five delegates whose terms expire tonight, and the five alternates tonight at this time.

The Speaker: The Chair is of the opinion it is only for the alternates.

Dr. L. J. Hirschman (Wayne): Five alternates? Will the Secretary please have the resolution read?

The Speaker: Maybe there is someone who is sure of his ground as to what the resolution was.

Dr. C. E. Dutchess (Wayne): On that particular point, I can tell him that the amend-

ment provides for a number of alternates equal to the number of delegates.

Dr. Hirschman: That means five delegates in that case.

Dr. A. P. Biddle (Wayne): In view of what Dr. Hirschman says, that would not apply in 1933. Does that in any way affect the vote tonight?

Dr. Hirschman: That is what I want to find out also.

Dr. Biddle: Don't we still vote on three.

The Speaker: Unless the motion is made to give the By-laws immediate effect.

Dr. J. D. Curtis (Wayne): It has been so moved.

The Secretary: If you will turn to Page 4 of your program, which is an exact copy of the official records of the Society as published each month in the JOURNAL, you will find that the terms of Dr. Carl F. Moll and Dr. Henry E. Perry, who were elected last year, do not expire until 1933. The terms of Dr. R. H. Denham and Dr. Philip Riley expire this year.

In your order of business this evening, Dr. Moll's name is mentioned as being an alternate whose term expires. That is a typographical error. In consequence with the immediate effect of the resolution and the amendment you adopted this afternoon, it now devolves upon the House to elect three alternate delegates tonight.

Dr. L. J. Hirschman (Wayne): Thank you, Mr. Secretary.

Mr. Speaker, the resolution as adopted this afternoon is in conflict with the Constitution and By-laws of the American Medical Association, and it is a good time to clarify it before we adjourn.

Under "By-laws—Business and Legislation," of the American Medical Association, it states: "Apportionment of delegates. At the annual session of 1925 and every third year thereafter the House of Delegates will appoint a committee of five on re-apportionment, on which the Speaker and Secretary shall be mentioned. The committee shall apportion the delegates among the constituent associations in accordance with Article V, Section 3, of the Constitution, in proportion of the membership as recorded in the office of the Secretary of the American Medical Association on April 1 of the year in which the apportionment was made. This apportionment shall take effect at the next annual session and shall prevail until the next triennial apportionment is increased or decreased.

"Term. Delegates and alternates from constituent associations will be elected for two years. Constituent associations entitled to more than one representative shall elect them so that, as near as may be, they shall be elected each year." Delegates and alternates elected by sections, and so forth, shall hold office for two years.

If we elect three alternates tonight, we are in accord with this resolution, but in the future the resolution provides for five delegates to be elected at one time and we are in conflict with the Constitution and By-laws of the American Medical Association. I want to bring that point up now so it can be clarified.

Dr. B. L. Connelly (Wayne): Dr. Hirschman says five delegates. The amendment says nothing about delegates, but alternate delegates.

Dr. Hirschman: The same thing applies to both. If the resolution provides for five alternates we are in conflict. We should provide for three or four, whichever is nearest half, each year as the A. M. A. provides. In other words, we have to change that resolution. It has to comply with the parent organization. We can't elect five alternates at any one meeting.

The Secretary: Mr. Speaker, I have found the resolution, and probably the matter may be clarified very readily if somebody will first move reconsideration of the amendment and then alter the words "one year" to "two years." The resolution reads, "Alternate delegates shall hold office for one year." Make it read, "Alternate delegates shall hold office for two years." That will clarify the resolution.

Dr. H. A. Luce (Wayne): I voted in the affirmative, and move a reconsideration of the resolution with reference to the election of alternate delegates.

Dr. J. D. Curtis (Wayne): I support the motion.

The Speaker: Motion has been made and supported that we reconsider the resolution having to do with the election of alternate delegates.

The motion was put to a vote, and was carried.

Dr. Curtis: I move that the words "one year" be stricken out, and the words "two years" be substituted therefor.

Dr. L. J. Hirschman (Wayne): Something should be said there about one-half or nearly that portion elected on each alternate year, and that will clarify it.

Dr. Curtis: It isn't necessary because the A. M. A. takes care of that. They have been elected last year, and they are being elected this year. There can't be any way out.

The motion to change the wording of the resolution was regularly seconded, was put to a vote and carried.

The Speaker: Is there any other business?

Dr. F. T. Andrews (Kalamazoo): In the course of the last few minutes it has come to

my attention that the motion I made this afternoon regarding the hospital amendment is apt to throw a boomerang and reflect upon us in a way which we don't want at this time, and I would like to open this for reconsideration and ask that Dr. Robb explain just what he meant.

Dr. J. D. Curtis (Wayne): I support the motion.

Dr. J. M. Robb (Wayne): I spoke to Dr. Andrews this afternoon about this situation. I was in conference with the executives of the American Hospital Association before I came here this week, and there is one thing they are doing for us in conjunction with the lay people that represent the hospitals. They are trying to successfully and satisfactorily handle the Veterans hospital situation. At the present time in particular, I think if we do something that might disturb their feeling toward this problem (and I feel Dr. Shirley and all these people are making a terrific effort to do something for the profession), we might antagonize them in the long run and not get the satisfaction we are looking for. That is why I spoke to Dr. Andrews and asked him, at the present time at least, to reconsider the proposition of sending a letter to the American Hospital Association.

Dr. A. P. Biddle (Wayne): It would be given to the press at any rate.

Dr. J. M. Robb (Wayne): No, not yet. It is just a matter that I felt, at the present time in order to help us out, would be just as well not to have done.

Dr. K. B. Brucker (Ingham): Conforming to this suggestion—we don't want to get in wrong at all—I move this resolution be laid upon the table, to be taken up at the special meeting in February.

The Speaker: Dr. Brucker, the Chair feels you must reconsider this motion first, and the Chair will entertain a motion to reconsider.

Dr. Brucker: I make a motion to reconsider.

Dr. F. T. Andrews (Kalamazoo): I support it.

The Speaker: Motion has been made and supported to reconsider the motion of Dr. Andrews this afternoon relative to sending this message to the American Hospital Association. Is there any discussion?

The motion to reconsider was put to a vote and was carried.

Dr. R. H. Denham (Kent): I move that this motion under reconsideration be laid upon the table.

Dr. J. D. Curtis (Wayne): I support that motion.

The Speaker: That will not take care of the matter. Motion was passed this afternoon to send it. We are reconsidering that motion, whether or not we are going to send it. Now it is in order for someone to make a motion not to send it.

Dr. Denham: Mr. Speaker, the consideration of this motion is now before the House. If it is laid upon the table, that disposes of it, it seems to me.

Dr. K. B. Brucker (Ingham): I move that the resolution to send this communication to the American Hospital Association be laid on the table until the February special meeting. That does not take it out of sight at all. It will automatically come up in front of us. At that time, we can do something with it, or kill it.

Dr. C. E. Dutchess (Wayne): Gentlemen, I apologize for stepping in his shoes, which I can't fill.

I have just been talking to the press representatives, and they tell me that has not yet gone out. I am sure they will be in accord with us if we request them not to send it out.

The Speaker: The Chair will call for a vote on the motion made by Dr. Denham of Kent and Dr. Brucker of Ingham that the motion be tabled.

The motion was put to a vote, and was carried.

Dr. I. W. Greene (Shiawassee): It seems to me this matter of electing alternate delegates to the A. M. A. is still a little confused. If we elect two delegates this year and three next year, where is our seniority coming in, if any? Supposing we elect two this year, and one has thirty-six votes and the other thirty-four, and next year we elect three and one has twenty-three, one twenty-two and one nineteen votes. It seems to me there isn't much point as far as the seniority is concerned if elected at different times, as they have to be.

The Speaker: Make a motion, Dr. Greene, if you wish.

Dr. A. P. Biddle (Wayne): I would like to have one more point clarified. As the doctor suggested, those who are elected this year will not have priority over those who are now in office. Am I not right? You have always told me the senior member was selected by the Executive Committee to take your place. Does that seniority refer to those at present in office?

The Secretary: Dr. Moll and Dr. Perry will be the senior alternates. Which one of the two will be the senior of the other, I am not prepared to say.

Dr. I. W. Greene (Shiawassee): Why not have somebody tell how that is going to stand? How about the men elected next year? Supposing one gets more votes than the man this year.

The Speaker: I don't believe we can make any rule retroactive.

Dr. R. H. Denham (Kent): I move that that man be considered senior who has served longest and who had, at the time of his election, the greatest number of votes.

Dr. B. L. Connelly (Wayne): All this is out of order.

The Speaker: Dr. Denham has a right to make the motion. There seems to be a jam we are liable to get into and won't get out of easily.

Dr. Connelly: If you will carefully go over that amendment as it has been worked out, you will find all your questions are answered. There seems to be some attempt at conflict here tonight. The provision originally was to elect all of the alternate delegates each year. That would take care of your seniority. You can elect all of your delegates. You can elect the three for a year, and next year you can elect them for a period of two years. I am going to ask for reconsideration of my original motion so that we can bring this thing before the House again.

Dr. L. J. Hirschman (Wayne): I second that motion.

The Speaker: Dr. Denham, do you want to withdraw your motion?

Dr. R. H. Denham (Kent): I will withdraw my motion in order to clarify matters.

The Speaker: It has been moved and seconded to reconsider the motion having to do with the election of alternates. Is there any discussion?

Dr. Hirschman: I think we have acted like a lot of school children here today. We have made more darned fool motions and tinkered more with our Constitution and tinkered more with the good and efficient way of running this Society, and I am ashamed of some of my fellow members the way they have done things. They have absolutely tried to uproot the very wonderful scheme of organization of this Society.

Now this thing is up for reconsideration. It is balled up, and nobody knows what it is all about. They have a very complicated way of declaring seniority, and while it is up for reconsideration I think it is is a good time to kill it and go ahead, and wipe out some of the things we have done this afternoon.

The Speaker: Gentlemen, there is a motion before the assembly to reconsider.

The motion was put to a vote, and was carried.

Dr. A. P. Biddle (Wayne): You can't have a motion to reconsider without unanimous vote, can you?

The Speaker: Yes, you can. There will never be unanimous vote in this assembly, Dr. Biddle.

Dr. L. J. Hirschman (Wayne): I ask, Mr. Speaker, if the motion is now before the House in its original form.

The Speaker: Yes, we are reconsidering the motion in its original form.

Dr. Hirschman: It hope the motion will be defeated.

Dr. J. D. Curtis (Wayne): May I ask that the motion be re-read.

The Speaker: What is the wish of the assembly? Do you want the motion re-read? (Cries of "No.")

We will not re-read the motion.

Dr. A. V. Wenger (Kent): I make a motion that the motion be rejected.

Dr. G. H. Southwick (Kent): I second the motion.

The Speaker: Moved by Dr. Wenger of Kent that the motion be rejected. Is there any discussion?

Dr. Stanley Insley (Wayne): Point of order. If a motion is voted upon and decided at one meeting, can reconsideration of that motion be taken up at the same meeting? Usually, I understand it has to be taken up the following meeting.

The Speaker: There is a fine point in Robert's Rules of Order, and I think it would be according to Robert's Rules of Order to reconsider that this evening.

Dr. Insley: I abide by your ruling. The only question I would like to have answered in my own mind is this: I don't think anybody has any particular argument against five alternates for five regular delegates to the A. M. A. convention. I don't think anyone has any quarrel with that particularly. The quarrel, as I see it, revolves around the way of electing these five alternates and the method of choosing the seniority. I think most of us are agreed that the five alternates are perfectly all right and probably desirable.

I wonder if some arrangement cannot be arrived at satisfactory to everybody concerned to settle the question of seniority. I think that is what most of this argument is centering around. I think most of the men are agreed that five alternates for five delegates is perfectly all right.

Before this is put to a test vote, I would like to ask Dr. Hirschman possibly, or any other man, to put a motion in such form that it would take care of the seniority ruling and the method of choosing. I wouldn't like to see it killed right offhand.

Dr. R. H. Denham (Kent): There has never been much question, I believe, of seniority. There was apparently an unfortunate error on the part of the Council in selecting recently a man among the alternates who was not a senior alternate, and I think probably that is why this discussion has come up. After this discussion, I doubt if that error is again

made, and I believe the Council and the Secretary will be able to decide easily who the senior alternate is.

Dr. George Curry (Genesee): I would like to make a motion that the original motion be tabled.

Dr. I. W. Greene (Shiawassee): I will second that motion.

The Speaker: A motion to table is in order, gentlemen.

The motion to table was put to a vote, and was carried.

Dr. B. L. Connelly (Wayne): I appeal the decision of the Chair.

The Speaker: The Chair rules that this motion had carried, and appeal has been made from the decision of the Chair. The question now is, shall the decision of the Chair be sustained.

Vote was taken, and the decision of the Chair was sustained.

Dr. B. L. Connelly (Wayne): I call for a rising vote.

The Speaker: Dr. Connelly calls for a rising vote.

All in favor of the motion arise. (Forty-three.)

Those opposed arise. (Two.)

The decision of the Chair is sustained.

Is there any further business? If there is no further business, the Chair will entertain nominations for the office of President-elect.

ELECTIONS

Dr. L. J. Hirschman (Wayne): Mr. Speaker, at this time I get on my feet for a very pleasant duty, and that is to honor a man who has served his profession, his state, and his city for many years. But when we honor a man we make him work, and work harder than ever, because the office of President of this Society is no sinecure. It is a man's job, and I found it out since the very excellent man who preceded me to this position.

This man, as has been said, has been in civic life. He has been a commissioner of the city. He has been on many, many city boards. He has served on state boards. He has been a hard worker in a branch of our Society as Councilor, and as a member of the Finance Committee. I was going to say he is a banker, but that is a bad thing to say about a man. He happens to be a conscientious banker, a man who has a grasp of business and public affairs, as well as professional affairs.

I take great pleasure in presenting to you Dr. LeFevre of Muskegon.

Dr. F. W. Garber (Muskegon): It gives me great pleasure, after forty-five years of close association with this man, to second his nomination, and in seconding that nomination I voice the sentiment of every member of the Muskegon County Medical Association.

The Speaker: Are there any further nominations, gentlemen? If there are no further nominations, the Chair will entertain a motion.

Dr. Philip Riley (Jackson): I move that nominations be closed, and the ballot cast for Dr. LeFevre.

The Speaker: Gentlemen, you have heard the motion that nominations be closed and the ballot be cast for Dr. LeFevre of Muskegon for President-elect of the Society.

The motion was regularly seconded, was put to a vote and carried.

The Secretary: Mr. Speaker, your Secretary does so cast.

The Speaker: I declare Dr. LeFevre unanimously elected as President-elect of our Society.

Dr. Stone, will you escort Dr. LeFevre to the platform?

Next in order is the election of delegates to the A. M. A., the term expiring of Dr. G. S. Gorsline.

Dr. F. T. Andrews (Kalamazoo): Mr. Speaker, I wish to place in nomination the name of a man who is capable, who has given his best for a period of eight long years.

The audience arose and applauded as President-elect LeFevre came to the platform.

The Speaker: Dr. Andrews, will you yield the floor to Dr. LeFevre for a moment?

President-elect LeFevre: Mr. Speaker, Members of the Michigan State Medical Society, Members of the Council, and Doctors: It is certainly a great pleasure for me to be here before you tonight and knowing that you have placed confidence in me in electing me your President-elect.

I hope the work I will do in the next two years will be satisfactory. We have probably the hardest time before us that we have ever had. That means a lot of dissension in the ranks which will be hard to overcome, but if we all stop and think that some of these men who are a little older than I am have been through these things four or five times in their lives, you will recall they have always come out of them all right. I know we will come out right this time, but it means that every one of us has to be on his toes and do everything that is possible for the benefit of the people, the benefit of the state, the benefit of the Medical Society and yourselves.

I hope you will all bear with me in all the things we will have to overcome during these times. I want to thank you all for this honor.

Dr. F. T. Andrews (Kalamazoo): As I said, this man has served eight long years in the House of delegates. He has given unstintingly of his time. He has put Michigan on the map in one of the most enviable manners that one could ask for.

I wish to nominate Dr. C. S. Gorsline of Battle Creek. Send him back, boys, and let him continue the good work.

Dr. ———? (Kalamazoo): I wish to second the nomination of Dr. Gorsline. He has served this body for a number of years in various capacities. He has been delegate to the A. M. A. for eight consecutive years, and I think we will go a long, long way before we can find anyone to fill his shoes.

Dr. K. B. Brucker (Ingham): I wish to place in nomination the name of a man from the Second District. The Second District hasn't been in the habit of asking for very much lately. We have a man there who has been an alternate for a couple of years and whose term is expiring.

I think Philip Riley of Jackson will make a mighty fine delegate for this Society to the A. M. A. convention. I won't say that Phil is entitled to it. I will say that I think, perhaps in my ignorance, that a good deal of this discussion about seniority of alternates, and so forth, has perhaps had something to do with the fact that Phil was not a delegate last year. However, that is not a sour grapes proposition at all. I propose Phil Riley's name because I feel the Second District would like to have him as a delegate and I am sure the Society will be proud of him to represent us at the A. M. A.

Dr. Stanley Insley (Wayne): I would like to

second the nomination of Phil Riley. I think everybody who has been associated with him will realize he is a fighter. Everybody who has been associated with him in any of his dealings, any of his work in the Michigan State Society, knows he is capable. Aside from that, I think we all realize he is a likely man. I would like to urge the nomination and the election of Phil Riley.

The Speaker: Are there any further nominations, gentlemen? If not, the Chair will declare nominations closed and proceed to the election.

The Chair will appoint as Tellers:

Dr. W. A. Hyland, Kent

Dr. Van Leuven, Petoskey.

Dr. John Sundwall, Washtenaw.

Dr. Van Leuven: I am not a delegate.

The Speaker: Dr. Curtis, will you get on this Teller's Committee, please.

The delegates cast their ballots.

The Speaker: Have all the delegates voted who wish to? The Chair declares the ballot closed.

We will now listen to the report of the Tellers.

Dr. W. A. Hyland (Kent): Dr. Gorsline has 42 votes, and Dr. Riley, 28.

The Speaker: The Chair declares Dr. Gorsline elected as a delegate to the A. M. A.

Next in order are nominations for a delegate to the A. M. A. to fill the expired term of H. A. Luce.

Dr. A. P. Biddle: Mr. Speaker, at the request of the County of Wayne, it is my own great pleasure and desire to place in nomination to succeed himself, Henry A. Luce of Wayne.

The Speaker: Are there further nominations, gentlemen?

Dr. J. D. Curtis (Wayne): I move the nominations be closed.

Dr. Biddle: I would ask, then, Mr. Speaker, that the Secretary be empowered to cast the vote of the House of Delegates for H. A. Luce as a delegate of this Association to the A. M. A. to succeed himself.

The motion was supported by several.

The Speaker: You have heard the motion that the Secretary be empowered to cast the ballot for Dr. Luce as delegate to the A. M. A.

The motion was put to a vote, and was carried.

The Secretary: Mr. Speaker, your Secretary does so cast.

The Speaker: I declare Dr. Luce elected.

Next in order are nominations for delegate to the A. M. A. to fill the expired term of Dr. J. D. Brook.

Dr. George Curry (Genesee): The excellency of Dr. Brook's past record in the State Society and as delegate to the American Medical Association certainly warrants his renomination, and I hereby take great pleasure in renominating Dr. J. D. Brook of Kent to succeed himself.

The Speaker: Are there any further nominations?

Dr. J. D. Curtis (Wayne): I move that nominations be closed.

The motion was regularly seconded, was put to a vote and carried.

Dr. Curry: I move the Secretary cast the ballot of the House for Dr. J. D. Brook as delegate to the A. M. A.

The motion was regularly seconded, was put to a vote and carried.

The Secretary: Mr. Speaker, your Secretary does so cast.

The Speaker: The Chair declares Dr. J. D. Brook elected as delegate to the A. M. A.

Next in order are nominations for alternate delegates to the A. M. A., first of all for the expired term of Dr. C. F. Moll.

The Secretary: Dr. Moll's term does not expire until next year. That is a typographical error. Dr. Denham is next, and there are two others to be nominated.

The Speaker: There are three whose terms expire.

The Secretary: Dr. Perry's and Dr. Moll's terms do not expire. Dr. Denham's is the only term that expires. I beg your pardon, Dr. Denham's and Dr. Riley's.

The Speaker: Alternates whose terms expire are Drs. Denham and Riley. We will now receive nominations for the expired term of Dr. Denham.

Dr. J. J. O'Meara (Jackson): I would like to place in nomination a man who did a lot for the southwestern part of the state of Michigan, a man who made a success of the State Medical meeting two years ago in South Haven and Benton Harbor. I would like to place in nomination the name of W. C. Ellet of Benton Harbor.

Dr. A. P. Biddle (Wayne): May I ask if it would not be possible to nominate all these three on one ballot.

The Speaker: I think doing it singly would be the better way, Dr. Biddle.

Dr. Biddle: It would save us time to write in the three names.

The Speaker: What is the wish of the assembly, gentlemen?

Dr. Ellet has been placed in nomination as alternate delegate to the A. M. A.

Dr. A. L. Callery (St. Clair): I think a man requires a great deal of courage who will allow his name to be put in nomination tonight after all the discussion about the alternates.

I have in mind a man who has the courage to present himself to the Michigan State Medical Society as candidate for alternate to the American Medical Association. He is a man who has been in attendance at our meetings probably the last twenty-five years, during which time he has missed about four or five meetings. He has been a very modest gentleman. He is very retiring in his disposition. We who know him know he is one of the men who stands for the highest ideals in medicine. He will represent the Society well at the American Medical Association. We of the Seventh District love him because we know him, and I have much pleasure in presenting the name of Dr. T. E. DeGurse of Marine City.

Dr. J. L. Chester (Wayne): It gives me great pleasure to support the nomination of Dr. DeGurse. I have known him for a third of a century. I know well of his work in the secretaries' conference. I think if all the delegates here knew him as well as I do he would be elected unanimously.

The Speaker: Are there any further nominations?

Dr. W. A. Hyland (Kent): I would like to place in nomination the name of Dr. R. H. Denham of Grand Rapids.

Dr. G. H. Southwick (Kent): I second his nomination.

The Speaker: Are there any further nominations? If not, the Chair will declare nominations closed, and we will have the same Tellers again, please.

So you will be clear on the subject, the Chair stated we would elect each delegate singly, and I put the question this way: We are now to receive nominations to fill the expired term of Dr. Denham, and that is what we are voting on now.

The delegates cast their ballots.

The Speaker: Has everyone voted who wished to? I now declare the ballot closed.

We will now receive the report of the Tellers.

Dr. W. A. Hyland (Kent): Mr. Speaker, Dr. DeGurse received 29 votes; Dr. Denham received 21; Dr. Ellet received 18 votes.

The Speaker: I declare Dr. DeGurse elected.

The Secretary: He hasn't a majority vote.

The Speaker: What is the rule, Mr. Secretary?

The Secretary: A majority of votes cast. Robert's Rules of Order state that when there are two or more candidates and one candidate does not receive a majority vote, there is no election.

Delegate: Inasmuch as there are three places to fill, couldn't we suspend the By-laws and declare all three of these men elected?

The Speaker: The Chair ruled that we would elect these singly, and this is for Dr. Denham's expired term.

Dr. A. P. Biddle (Wayne): I still contend that where there are three or more candidates, the candidate receiving the plurality vote is elected.

Dr. J. D. Brook (Kent): I believe we are still working under the old system. If so, these gentlemen were nominated to fill the vacancy caused by the expiration of the term of one of the alternates. If so, these three were all candidates. Therefore, it necessarily follows that a majority vote must issue before another is nominated.

The Speaker: The Chair has to decide that there has been no election, and we will proceed to ballot again.

Dr. J. D. Brook (Kent): May I suggest to this House of Delegates that we follow in this instance the rule as used in the American Medical Association's House of Delegates, which is that if there are more than two candidates and there is no majority on the first ballot, the low man drops out and the succeeding ballot is between the two high candidates. I move we adopt that rule. I have nothing against Dr. Ellet; not a thing at all. I would be glad to see him elected as alternate, but simply to expedite matters.

Dr. L. O. Geib (Wayne): I second the motion.

The Speaker: The Chair wishes to follow the wishes of the assembly, but I believe it would expedite matters if this rule were followed. If there is no objection, we will follow the rule that the low man drop out, and vote on the next two.

The motion was carried.

The Speaker: We will now vote on Dr. DeGurse and Dr. Denham.

The Delegates cast their ballots.

The Speaker: Has everyone voted? The Chair declares the ballot closed.

Dr. W. A. Hyland (Kent): Dr. DeGurse received 42 votes, and Dr. Denham received 22 votes.

The Speaker: I declare Dr. DeGurse elected as alternate delegate to the American Medical Association.

Next in order are nominations for alternate delegate to the A. M. A. to fill the term of Dr. Riley.

Dr. L. O. Geib (Wayne): I wish to nominate Dr. Riley.

Dr. Philip Riley (Jackson): I would rather withdraw my name. I do withdraw it, and I nominate Dr. Denham.

The Speaker: Dr. Riley has withdrawn his name and has nominated Dr. Denham.

Dr. B. L. Connelly (Wayne): I would like to see Dr. Denham and Dr. Ellet battle it out for second place. I would like to put Dr. Ellet up also.

Dr. H. A. Luce (Wayne): I move nominations be closed.

The motion was regularly seconded, was put to a vote and carried.

The delegates cast their ballots.

The Speaker: Has everybody voted? The Chair declares the ballot closed.

Listen to the report of the Tellers.

Dr. W. A. Hyland (Kent): Mr. Speaker, Dr. Denham received 34 votes, and Dr. Ellet received 30 votes.

The Speaker: I declare Dr. Denham elected alternate to the A. M. A.

I will relieve the Tellers for the next ballot, and I will appoint Dr. Connelly of Wayne, Dr. Greene of Shiawassee and Dr. Southwick of Kent to relieve these Tellers.

Dr. J. D. Brook (Kent): I would like to place in nomination Dr. Ellet for alternate.

Dr. W. A. Hyland (Kent): I move that nominations be closed, and the Secretary be instructed to cast the ballot.

The Speaker: Dr. Brook has placed in nomination Dr. Ellet as alternate to the A. M. A., and Dr. Hyland has moved that nominations be closed.

The motion was supported by several, was put to vote and carried.

Dr. L. J. Hirschman (Wayne): I move the Secretary cast the ballot for Dr. Ellet.

Dr. Hyland: I second the motion.

The Speaker: Motion has been made and seconded that the Secretary be empowered to cast the ballot of the assembly for Dr. Ellet as alternate.

The motion was put to a vote and carried.

The Secretary: I so cast

The Speaker: I declare Dr. Ellet elected.

Next in order is the election of a Councilor for the Seventh District, the term of Dr. Heavenrich having expired.

Dr. A. L. Callery (St. Clair): I am a sort of pinch-hitter tonight. We have a man representing the Seventh District whom we think is the best Councilor in the State. I don't know that there is any opposition to this statement.

You all know Dr. T. F. Heavenrich, who has already served the Society faithfully for a year. He has served acceptably for all the members of the Seventh District. I have much pleasure in presenting his name.

Dr. J. L. Chester (Wayne): I move that nominations for Councilor of the Seventh District be closed.

Dr. C. S. Gorsline (Calhoun): I will second that.

The Speaker: It has been moved and seconded that nominations for Councilor for this District be closed.

The motion was put to a vote and was carried.

Dr. J. D. Brook (Kent): I move that the Secretary be instructed to cast the ballot of this House for Dr. Heavenrich.

Dr. R. H. Denham (Kent): I second the motion.

The motion was put to a vote and was carried.

The Secretary: Your Secretary does so cast.

The Speaker: I declare Dr. Heavenrich elected as Councilor for the Seventh District.

Next in order is Councilor for the Eighth District, the term of Dr. Powers having expired.

Dr. T. J. Carney (Gratiot-Isabelle-Clare): Dr. Powers has served us well for several years in our District, and I take pleasure in presenting his name for re-election to succeed himself.

The Speaker: Are there any further nominations?

Dr. L. G. Christian (Ingham): I would like to present the name of Dr. Harry Ferguson.

Dr. A. H. Whittaker (Wayne): I second the motion.

The Speaker: Are there any further nominations? If not, we will consider nominations closed and have the Tellers proceed to collect the ballots.

Dr. O. G. Johnson (Tuscola): It has been customary in the past for the District to nominate their Councilor, and that was done before without any contest. I see no reason why there should be a contest for this election when seventy-five per cent of the delegates present are in favor of Dr. Powers.

The Secretary: May I take this opportunity of announcing to the House of Delegates that Dr. Wenger, who was the Treasurer of the Society, resigned that office last evening, and that the Council, after due

consideration, elected as Treasurer of the State Society Dr. William Hyland of Grand Rapids.

The Speaker: Dr. Hyland is one of the Tellers. I will have to ask him to arise and show his mustache to the assembly.

Dr. Hyland: I have been facing them all night. The delegation cast their ballots.

The Speaker: Have all votes been cast, gentlemen? If so, I declare the ballot closed.

We will now receive the report of the Tellers.

Dr. I. W. Greene (Shiawassee): Mr. Speaker, Dr. Powers received 39 votes; Dr. Ferguson received 29.

The Speaker: The Chair declares Dr. Powers elected as Councilor for the Eighth District.

Next in order are nominations for Councilor for the Ninth District, the term of Harlan MacMullen having expired.

Dr. A. A. McKay (Manistee): I would like to place in nomination Dr. Harlan MacMullen to succeed himself.

Dr. E. B. Minor (Grand Traverse): It gives us very great pleasure to support that nomination.

The Speaker: Are there any further nominations, gentlemen?

Dr. L. W. Switzer (Mason): I move that nominations be closed.

The motion was regularly seconded, was put to a vote and carried.

Dr. L. J. Hirschman (Wayne): I move that the Secretary be instructed to cast the ballot for Dr. MacMullen.

Dr. R. H. Denham (Kent): I second the motion.

The motion was put to a vote, and was carried.

The Secretary: Mr. Speaker, your Secretary has so cast.

The Speaker: I declare Dr. MacMullen elected.

Nominations are now in order for Councilor for the Tenth District, the term of Dr. Paul Urmston having expired.

Dr. C. R. Keyport (Otsego-Montmorency, etc.): I wish to place in nomination the name of Paul R. Urmston of Bay City. Dr. Urmston has served as Councilor and the members of the constituent societies of the Tenth District are anxious to see him returned.

Dr. L. P. Foster (Wayne): I wish to second that nomination and bring to you the information that about ninety-five per cent of the members of the Tenth District in open meeting have endorsed the candidacy of the present incumbent.

The Speaker: Are there any further nominations?

Dr. J. D. Brook (Kent): I move the nominations be closed, and that the Secretary be empowered to cast the unanimous ballot of this House for Dr. Urmston.

The motion was regularly seconded.

The Speaker: It has been moved and supported that nominations be closed, and the Secretary be empowered to cast the unanimous ballot of the House of Delegates for Dr. Urmston as Councilor for the Tenth District.

The motion was put to a vote, and was carried.

The Secretary: Mr. Speaker, the Secretary has so cast.

The Speaker: I declare Dr. Urmston elected.

The Secretary: By reason of the election of Dr. LeFevre, Councilor of the Eleventh District, to the office of President-elect, there is a vacancy in the office of Councilor for the Eleventh District.

Dr. J. D. Brook (Kent): Is there anything in the Constitution which provides that the President-elect must vacate his office of councilor, or is it a precedent that he must vacate his office as Councilor?

The Secretary: The Constitution and By-laws are silent on both questions.

Dr. L. W. Switzer: I wish to place in nomination the name of Dr. Treynor of Mecosta as Councilor for the Eleventh District.

Dr. R. H. Denham (Kent): It seems to me a ruling should be had one way or the other on the question of the vacancy before you entertain nominations for this possible vacancy.

The Speaker: It might be a delicate question to decide, but of course we all know we wouldn't go very far amiss. Dr. LeFevre surely would resign. I think he expressed himself that way right here on the stage.

Dr. I. W. Greene (Shiawassee): Dosen't the Constitution state that the President-elect would be ex-officio member of the Council? Doesn't that settle the question?

Dr. L. O. Geib (Wayne): I move that nominations be closed.

The motion was regularly seconded, was put to a vote and carried.

Dr. Geib: I move that the Secretary cast the ballot.

The motion was regularly seconded.

The Speaker: It has been moved and seconded that the Secretary be empowered to cast the ballot for Dr. Treynor as Councilor for the Eleventh District.

The motion was put to a vote, and was carried.

The Secretary: I do so cast.

The Speaker: I declare Dr. Treynor elected as Councilor for the Eleventh District.

Next in order of business is the place for the annual meeting.

Dr. B. R. Corbus: The Council has before it two invitations for the next annual meeting, one from Sault Ste. Marie, and the other from Grand Rapids. They have sent us, according to our regulations, statements as to what they can do for us.

Do you want to have those invitations read?

Vice Speaker Dutchess took the chair.

Dr. Corbus: One is from Dr. Bandy representing his District.

Dr. Corbus read the communication from Dr. Bandy, and also a communication inviting the meeting to hold its convention in Grand Rapids.

Vice Speaker Dutchess: You have heard the invitations. Do you wish to proceed to select the place of the next meeting by a rising vote? If that meets with general agreement, we shall proceed to select the place of meeting in that way. Is there any objection?

All those in favor of holding the next meeting at Sault Ste. Marie, please arise. (Twenty-six.)

All those in favor of holding the next meeting at Grand Rapids, please arise. (Twenty-nine.)

The result of this vote is that Sault Ste. Marie had twenty-six, and Grand Rapids twenty-nine. It therefore appears to be the sense of the meeting that they wish to select Grand Rapids as the place of meeting in 1933.

I will now entertain nominations for the office of Speaker of the House.

Dr. John Sundwall (Washtenaw): It isn't necessary for me to indulge in a long statement calling the attention of the delegates to the qualifications of the man whom I wish to nominate. We are all familiar with him. You are familiar with his splendid work in connection with the House of Delegates.

I take the greatest pleasure in nominating the genial, efficient, present incumbent, Dr. Henry Pyle of Grand Rapids.

Dr. C. T. Ekelund (Oakland): I move that nominations be closed, and the Secretary cast the ballot of the House of Delegates for Dr. Pyle for renomination.

Dr. K. B. Brucker (Ingham): I second the motion.

The motion was put to a vote, and was carried.

The Secretary: Your Secretary does so cast.

Vice-Speaker Dutchess: I declare Dr. Pyle elected Speaker of the House.

Dr. Pyle resumed the chair.

The Speaker: I am particularly proud of my pin. I can keep it another year. I promised you that next year we will do things to expedite matters in the matter of election. Dr. Biddle's suggestion tonight might have been carried out if the Chair had not ruled we would elect singly. We hope to do it a little better next year, and you will see me in my home town. Any shortcomings I might have today I have a little alibi for, and that is due to the very good entertainment committee that starts to work on a man very early, which they did with your Speaker last evening.

Next in order are nominations for the office of Vice Speaker.

Dr. H. A. Luce (Wayne): On behalf of the twenty-five delegates from Wayne County, I take great pleasure in nominating Dr. Charles E. Dutchess to succeed himself as Vice Speaker of the House of Delegates of the Michigan State Medical Society.

Dr. L. G. Christian (Ingham): On behalf of the two delegates from Ingham County, I support that nomination.

The Speaker: Are there any further nominations?

Dr. R. H. Denham (Kent): I move that nominations be closed, and the Secretary be instructed to cast the ballot for Dr. Dutchess.

The motion was regularly seconded, was put to a vote and carried.

The Secretary: Mr. Speaker, your Secretary does so cast.

The Speaker: The Chair declares Dr. Dutchess elected to the office of Vice Speaker.

Is there any unfinished business?

Dr. J. D. Brook (Kent): Mr. Speaker and members of the House: For a number of years you have elected me biennially as delegate to the American Medical Association. I cannot express to you how sincerely I appreciate and how greatly I value this renewed expression of your confidence in re-electing me again today.

I trust that my action as your representative will always merit respect. I most sincerely thank you.

The Speaker: Is there any other business, gentlemen?

Dr. A. P. Biddle (Wayne): I move a vote of thanks to the Speaker, the Vice Speaker and the Secretary for the efficient manner in which the session has been conducted.

The motion was regularly seconded, was put to a vote and carried.

Dr. J. D. Brook (Kent): Mr. Speaker and Members of the House: With your consent, I would like to introduce this resolution:

"WHEREAS, The House of Delegates of the Michigan State Medical Society in annual session at Kalamazoo, September 13, 1932, accepted a motion for the appointment of a committee on the study of birth control; therefore, be it

"RESOLVED, That this resolution as adopted by this House of Delegates be introduced in the House of Delegates of the American Medical Association by the Michigan delegation at the next annual meeting of the American Medical Association."

I move the adoption of the resolution.

The motion was regularly seconded, was put to a vote and carried.

Dr. E. D. Spalding (Wayne): The House has already taken action on this subject, and no action was to be taken until the report of that committee.

The Speaker: The way the Chair understood the motion, it was that the A. M. A. would take similar action to our action today. That was the sense of your motion, wasn't it, Dr. Brook?

Dr. J. D. Brook (Kent): Yes.

Dr. L. O. Geib (Wayne): Inasmuch as the next session of the House of Delegates is set for February, it seems reasonable to table the motion and take it up at the February session, which will be in plenty of time to present it to the A. M. A.

Dr. E. D. Spalding (Wayne): This is contrary to the action taken by this body, and the motion is out of order. Dr. Brook's motion is out of order, and it isn't necessary to table the motion.

The Speaker: The sense of Dr. Brook's motion was that the American Medical Association take the same action as we did today, to appoint a committee for study.

Dr. Stanley Insley (Wayne): It reads specifically, "That the Council refrain from committing this Society to any policy or position." I think Dr. Brook's motion is out of order.

Dr. J. D. Brook (Kent): I withdraw the motion and the resolution.

The Secretary: I know it is a little early to tell you something of the hospitality of Kalamazoo which you are going to experience not only this evening but also tomorrow and the next day. It is my particular pleasure at this time to present to you the President of the Kalamazoo Academy of Medicine, and the superintendent of the local state asylum. Any of you who have failed to secure your hotel reservations, I am sure Dr. Morter can accommodate you at his institution on the hill. Dr. Morter, President of the Kalamazoo Academy of Medicine.

Dr. R. A. Morter: Delegates of the Michigan State Medical Society: We planned a little surprise for you at the close of this meeting. We planned to put on a buffet luncheon at the Kalamazoo Country Club. We are planning to entertain about 250 people, but I don't see that many here, so come prepared to eat what three men could.

I understand you will adjourn in about five minutes. I don't know whether we will have enough transportation for you. There has been a little slip-up on our transportation. I wonder how many have their own cars nearby. If they are nearby, we can form a sort of convoy and go out, and those who haven't transportation we will take out by taxicab.

I don't know of anything else to say, and we will see you out there, I hope. I do hope every one of you will come.

The Speaker: Is there any other business, gentlemen?

Dr. C. E. Dutchess: I move that the House express a vote of thanks to Kalamazoo and to the local society for their entertainment of the House of Delegates.

The motion was severally seconded, was put to a vote and carried.

The Speaker: Is there any other business? The House is adjourned.

The meeting adjourned at nine o'clock.

Attest: F. C. WARNSHUIS,
Secretary.

MINUTES OF THE COUNCIL

The Council of the Michigan State Medical Society convened in Annual Session in Kalamazoo on Monday evening, September 12, 1932. The meeting was called to order by the Chairman, Dr. Corbus, with the following Councilors present:

B. R. Corbus, Chairman; Henry Cook, Vice-Chairman; Henry R. Carstens, A. S. Brunk, George C. Hafford, C. E. Boys, T. F. Heavenrich, Julius Powers, Harlan MacMullen, Paul R. Urmston, George Le Fevre, Richard Burke, B. H. Van Leuven, J. D. Bruce, C. A. Neafie, Carl F. Moll, President; J. Milton Robb, President-Elect; F. C. Warnshuis, Secretary.

1. The Chairman presented Dr. F. T. Andrews, Chairman of the local committee on arrangements, who made a detailed report of the local arrangements for the present Annual Session. The Chairman thanked the doctor and his committee and expressed the assurance that we would enjoy the provision that had been made for our comfort during the Annual Session.

2. On motion of Bruce-McIntyre, the Minutes of the Executive Committee as published in the JOURNAL were approved and made part of the Minutes of the Council.

3. The Secretary then read paragraph by paragraph the Annual Report of the Council to the House of Delegates. After complete discussion, upon motion of Neafie-Le Fevre, the report was approved and the Chairman directed to present the same at the first session of the House of Delegates. (See Official Minutes of the House of Delegates.)

4. The Secretary presented a report and statement upon the History of the Michigan State Medical Society. Upon motion of Cook-Boys, the Secretary was instructed to sell the remaining copies of the History at $7.50 per set and was further instructed to give a rebate of $2.50 per set to those members who had as yet failed to pay for the last volume of the History.

5. The Secretary presented a detailed report of the present financial situation of the Society and its quick assets. He imparted that during this year the Council had given a rebate of $2.50 upon the membership dues, which entailed a lessened income from dues to the amount of $8,400. It was further reported that the activities of the Special Committee on Survey of State Health Agencies would incur an expenditure during the year of some $5,000.

A report was also made upon the number of members who had paid their current dues by note. It was further shown that before the end of the year it would be necessary to make a temporary loan to defray the expenses of the Special Committee and also the expenses incurred by the Medical Legal Committee. The Council engaged in a full discussion of the finances of the Society and the following resolution was presented by Councilor Le Fevre and supported by Councilor Carstens:

"WHEREAS, from a review of the financial status of the Michigan State Medical Society, it becomes apparent that it would be unwise at the present time to sell any of the reserve securities of the Society, and

"WHEREAS, it is apparent that it will be necessary to make a temporary loan from some bank in order that the Society may defray its current expenses up to January 1, 1933,

"THEREFORE, BE IT RESOLVED, that the Secretary of this Society be empowered by and with the advice of the Chairman of the Council and the Chairman of the Finance Committee to make such temporary loans as is necessary and that he be hereby empowered to place sufficient of the Society's securities as collateral to these loans."

The resolution was put to a vote and was adopted by the unanimous vote of the members of the Council.

6. Councilor Cook presented a communication from the Michigan Council on Governmental Expenditures, in which the State Medical Society was invited to become a member of this state organization. After discussion, on motion of Powers-Brunk, the communication was referred to the Legislative Committee with instructions to investigate the desirability and advantages of such an affiliation, and the Executive Committee to act in accordance with the recommendations of the Legislative Committee.

7. Dr. A. V. Wenger, Treasurer, made a statement that inasmuch as he was a delegate from the Kent County Medical Society he could not hold the office of Treasurer; that at the solicitation and insistent request of the Kent County Medical Society that he continue as delegate, he therefore regretfully tendered his resignation as Treasurer of the State Society. Upon motion of McIntyre-MacMullen, Dr. Wenger's resignation was accepted.

8. Upon motion of Cook-Heavenrich, the Secretary was instructed to cast the ballot of the Council for Dr. Wm. A. Hyland of Grand Rapids for the office of Treasurer of the Society. The Secretary did so cast and the Chairman declared Dr. Hyland duly elected Treasurer of the Society.

The Council adjourned at 11:15 P. M. to meet again at the call of the Chairman.

SECOND SESSION OF THE COUNCIL

At the call of the Chairman the Council met in Kalamazoo on Wednesday, September

14, 1932, at 4:00 P. M. It was called to order by the Chairman with the following Councilors present:

B. R. Corbus, Chairman; Henry Cook, Vice Chairman; Henry Carstens, George C. Hafford, C. E. Boys, T. F. Heavenrich, Harlan MacMullen, Paul R. Urmston, George Le Fevre, Richard Burke, B. H. Van Leuven, J. D. Bruce, C. A. Neafie, Carl F. Moll, President; J. Milton Robb, President-Eelect; F. C. Warnshuis, Secretary.

1. The Secretary reported nothing had been referred to the Council from the House of Delegates that required action at the present time.

2. Elections—The Chairman retired and the Vice-Chairman of the Council assumed the chair. Dr. Boys nominated Dr. Corbus for the office of Chairman of the Council for the ensuing year. The nomination was supported by Heavenrich-MacMullen. Upon motion of Neafie-Hafford the nomination was declared closed and the Secretary instructed to cast the ballot of the Council for Dr. Corbus as Chairman for the ensuing year. The Secretary did so cast and the Vice-Chairman declared Dr. Corbus elected Chairman of the Council for the ensuing year.

The Chairman assumed the chair. Dr. Heavenrich supported by Dr. Carstens placed in nomination Dr. Henry Cook as Vice-Chairman of the Council. Upon motion of Carstens-Hafford the Secretary was instructed to cast the ballot of the Council for Dr. Cook. The Secretary did so cast and the Chairman declared Dr. Cook elected Vice-Chairman for the ensuing year.

The Executive Committee.—Upon motion of Heavenrich-Cook, the Council proceeded to the election of Chairmen of the Council's committees, which chairmen, together with the Chairman and Vice-Chairman of the Council, shall constitute the Executive Committee of the Council. Carried.

Councilor Burke supported by Councilor McIntyre nominated Councilor Henry Carstens as Chairman of the Finance Committee; Councilor Heavenrich supported by Councilor McIntyre nominated Councilor J. D. Bruce as Chairman of the Publication Committee; Councilor Heavenrich supported by Councilor Bruce nominated Councilor C. E. Boys as Chairman of the Council's Committee on County Societies.

There being no further nominations, Dr. Hafford moved, supported by Van Leuven-Neafie, that the Secretary cast the ballot of the Council for these nominees as Chairmen of the Council's Executive Committee. The Secretary did so cast and the Chairman declared Doctors Carstens, Bruce and Boys elected Chairmen of the respective committees to which they had been nominated.

3. The Secretary presented to the Council a petition from the members of the House of Delegates requesting the Council to call a special meeting of the House of Delegates during the first week in February, 1933. After considerable discussion it was moved to table this petition and to take it up for further consideration at the January meeting of the Council.

4. By vote of 7 for Detroit and 4 for Grand Rapids, the Council decided to hold its January Mid-Winter session in Detroit at a date to be designated by the Chairman.

There being no further business the Council adjourned at 5:30 P. M.

F. C. WARNSHUIS, *Secretary.*

THE SERVICE OF THE PROFESSION*

OLIN WEST, M.D.
Secretary and General Manager, American Medical Association
CHICAGO, ILLINOIS

Mr. President, Officers and Members of the Michigan State Medical Society, Ladies and Gentlemen: It happens that I am here in the capacity of a substitute, and my first duty is to discharge a commission which was almost sacredly laid upon me by the President of the American Medical Association, Dr. Cary, who was to have been the speaker of the evening, to convey to the members of the Michigan State Medical Society his most sincere regret that a very important errand in behalf of the entire medical profession of the United States made it impossible for him to keep his engagement here this evening.

I bring you greetings, Mr. President and members of the Michigan State Medical Society, from the headquarters organization of the American Medical Association, and the sincerest of good wishes for the continued success of this most efficient organization.

It was originally planned, as I was notified by Dr. Warnshuis, that I should inflict myself upon you for the space of ten minutes for the purpose of discussing the topic which is to be found on the program, namely, "Ideals of the Profession." I was later notified that because of Dr. Cary's enforced absence I would be expected to extend my remarks. I shall try, however, not to impose

*This address was delivered at the General Session of the Society in Kalamazoo, September 14, 1932. It is commended to the most serious consideration of our members. It should instil a determined spirit of loyalty and service.

myself upon you for such length of time as to become tiresome, I should like to say, before proceeding with what I want to put before you, that I fully realize much of it will be presented in rather dogmatic fashion, and that much of it will be in the nature of an extremely general statement without much regard for detail and without much regard for correlated statements that might be made along with those which will be submitted. I should like you to know before I begin that I fully understand my presentation of the matters I shall touch upon is not intended to be complete, but is intended to bring to you one important side of a picture that really exists and that is being intensified and becoming more and more real day after day.

The ideals of medicine are based on the very simple but the very high principle of service to mankind. Without ideals there could be no medical profession nor, for that matter, any other profession. From the very time of the founding of medicine, the interest of the patient and of the public has been the first consideration in the mind of every worthy physician. From that time until the present moment the knowledge developed by the ablest minds in medicine has been freely and conscientiously passed on to those coming after, always with the admonition and with the adjuration that such knowledge should be applied for the direct benefit of the individual patient and for the direct benefit of humanity in general.

That the primary purpose of the medical profession in its organized capacity is to maintain the ideals of medicine is shown in the statement of the aims and objects of the American Medical Association as set out in its organic law and in similar statements in the laws of its component county medical societies and constituent state medical associations. The aims and objects of the American Medical Association, as stated in its Constitution, are to promote the art and science of medicine, and the betterment of the public health. Its principles of medical ethics, based on the ideals of medicine, constitute a veritable bulwark for the protection of the public.

Without the promotion of the art and science of medicine, no improvement could have been effected in the public health in the past; nor will any be possible in the future except as a free, untrammeled, independent medical profession is permitted to continue and to intensify its efforts to develop its knowledge of the science of medicine, of the nature of health, of the causation and the prevention of disease, and to apply that knowledge for the benefit of mankind through methods of proved efficiency. Such methods can be developed only through the experience of a qualified, free profession, one unhampered by the dictates of politicians or by the propaganda of professional or amateur agitators, or by the pronouncement of theorists who know little or nothing of what is involved in the delivery of effective medical service.

Political domination of medicine will, in my humble opinion, undermine the ideals of the profession—which means that professionalism will surely be destroyed—will destroy scientific ambition, and will reduce physicians to the status of hirelings subject to the dictation of unqualified persons, and will subject the people to mechanized mass production processes developed without regard for biologic principles and facts that have operated since time began and that will continue to operate until time shall be no more.

Without professionalism in medicine there can be no successful application of the knowledge of scientific medicine nor any successful practice of the art of medicine which, because medical service must be given to human being by human beings, is quite as important in promoting the public welfare as is the science of medicine. Mass production methods cannot be successfully applied in the delivery of medical service. A mechanized group compelled to work under machine rules cannot minister to the sick with the humaneness and with the intelligent, sympathetic interest that is a necessary factor in the successful treatment of disease and in the alleviation of suffering. As long as human beings are human beings subject to the unchanging laws of nature, and as long as they must be served by human beings, their medical needs can best be supplied only as the individual relation of the physician and his patient is maintained. If men could be standardized, born to standardized specifications, with minds and aspirations exactly alike in all of them, with exactly equal opportunities and privileges, all subject to the same stresses and strains, and all reacting alike to the effects of infec-

tion, disease and injury, then perhaps machine methods and the principles of mass production could be applied in the practice of medicine with a reasonable degree of satisfaction to all concerned, provided the standardized individual of the standardized mass reacted in exactly the same way as every other one to methods applied for the relief and prevention of disease.

As the complexities of modern life have developed, and especially under the stress of an economic situation which has itself arisen because of an almost absolute disregard for biologic facts and for the fundamental principles of sound economics, there has arisen a great cry about the cost of medical care, the methods of medicine, and the methods of medical practitioners. Some of this agitation has undoubtedly been fully justified. It started in fact in the medical profession, who better than any other group has always been in position to recognize untoward developments in its own field and who more than any other group, has persistently striven to secure the correction of untoward conditions and to make its services as efficient and as fully available to all mankind as possible.

There has been considerable discussion of some of the problems involved in the delivery of medical service by earnest and intelligent laymen who have a genuine interest in human affairs, and who fully appreciate the fact that none but a qualified and an independent profession can satisfactorily minister to the needs of the people. There has also been a great deal of discussion emanating from equally sincere laymen who have little understanding of the relations of medicine and whose faith in socialistic schemes is apparently more profound than is justified by the facts of history.

Then there has been a mass of propaganda carried on by professional agitators and theorists, and equally as much coming from very earnest persons whose ideas are many times based on sentiment rather than on fact and a clear understanding of the nature of the problems, whose solution they would effect by the very simple process of indulging in much talk.

Committees and commissions, under various auspices, have conducted all sorts of studies, some of which have studiously avoided the presentation of any side of the picture except that side which can best be used in support of argument devised to effect the accomplishment of certain ends through which, in my opinion at least, the best interests of the public will not be served.

Others of these studies and reports of some of these committees and commissions have brought out many facts of the greatest importance, practically all of which have previously been recognized by the medical profession and have received its earnest consideration to a degree, in many instances, that has resulted in great improvement of conditions that formerly existed.

As a result of the truly marvelous advancement in scientific knowledge pertaining to health and disease, and the remarkable improvements of the methods by which this knowledge can be applied; as a result of the complexities of modern life, many of which have grown out of the adoption by the people of all sorts of artificialities, as, for instance, the erection and the occupancy of those terrible monstrosities which we call modern cities; and as a result of other factors of a political or economic nature, which cannot be mentioned in any short discussion such as this is intended to be, the cost of medical and hospital care has certainly increased and, in all probability, will be subject to further increases. But, at the same time, the value of medical service has enhanced even more than the cost of service has increased, because it is far more efficient than ever before and, many statements to the contrary notwithstanding, is more easily available to more people than ever before in the history of this land.

Some of the agitation above referred to and, of late, the pinch of hard times have been largely responsible for the promotion of all sorts of artificial schemes for providing medical service under the claim that the cost of medical and hospital care will be reduced and that service will be more easily available to the public. Most of these schemes are altogether similar in their general nature to those known in the business world as cut-rate schemes, to deal with which federal and state agencies have been established on the insistence of business leaders who know that wares of high quality cannot be provided on the usual cut-rate basis. Many of these plans (promoters like to call them plans) are promoted by laymen for purely commercialistic purposes and will surely fail completely unless profits in money

are produced, and few of them will provide good service even if money profits are satisfactory to their promoters.

Many so-called health and hospital associations have been promoted within the last few years, most of them during the current financial depression, and many of them have already failed. Others will surely fail. These, for the most part, have also been launched on a cut-rate basis, and it is altogether probable that many of them will find it impossible to deliver what they have promised under the contracts they have sold if, by reason of any emergency, they are called upon to provide an even slightly greater amount of service than they originally expected to deliver. Their promoters frequently insist that they are safe because they have provided themselves with actuarial figures that show just what demands will be made on them. I confess my faith in actuaries and their calculations is not so great as that of some of the brethren. I remember the failures of too many pension schemes promoted by great industrial organizations who paid out large sums of money to actuaries for figures that proved to be wrong.

What is known to physicians generally as contract practice is virtually running wild in some parts of the country, its widespread and extremely rapid development having apparently taken place because of the stress of the present economic situation.

The Judicial Council of the American Medical Association, whose personnel is rarely changed by the replacement of more than one member in any five years, has been studying these problems that Dr. Moll and I have been trying to talk about here tonight for a long, long time. That Council has held that contract practice *per se* is not unethical and that, under certain conditions, contract practice may be necessary. But it is not the ethical contract practice I am talking about here, nor is it that kind of contract practice which in the opinion of the Judicial Council (a very thoughtful body) may be considered necessary.

The adoption of poorly considered laws pertaining to workmen's compensation undoubtedly stimulated the development of contract practice, some of it of the most pernicious nature. I mean there that this has happened in certain states and not in all states, because some of the workmen's compensation laws have been almost entirely satisfactory to everybody concerned; but in many of the states these laws were poorly considered in the first place and have been poorly administered since their adoption and have led to certain pernicious practices concerned with the delivery of medical service. It appears to be the general tendency of the holders of contracts, under which medical service is to be provided, to take full advantage of every opportunity to hammer down the fees stipulated in these contracts. Since good service cannot be provided for little or nothing, the result is, almost invariably, that the quality of the service constantly deteriorates and the people suffer accordingly.

Certain insurance companies in some parts of the country have put on the market health and hospital policies under which policyholders, for comparatively nominal sums, are to be provided with medical and hospital care. It may be, as Dr. Moll has already indicated in the splendid address he made to you, that some form of health insurance will finally be developed under which the medical profession will not be socialized and mechanized, but some of the schemes that are now being promoted by insurance companies, some of them organized for the specific purpose of selling the policies I am talking about, will never under any circumstances provide adequate service to policyholders for the reason they are operating on entirely wrong principles and under plans which make it impossible for qualified physicians to even have the opportunity of providing good service for such policyholders.

I recently had a visit from the promoter of a so-called health and hospital policy, to be sold by an insurance company organized for the specific purpose, who told me that some of the best physicians in his state had already signified their intention to align themselves with the activities of this company, and that the policyholders would be permitted, under the terms of the policies, free choice of physicians. I have since been informed that those physicians, having looked into matters more carefully, have withdrawn their promised support. I have also heard of another insurance company that is said to have sold a number of policies providing for free choice of physicians by policy holders that will change its plan so that the purchasers of new policies will be compelled to accept service at the hands of

physicians who are to serve under the direction of the officers of the company. This particular enterprise, I am told, is a recent promotion.

It is my opinion that many of the artificial schemes that have been promoted in the recent past are largely the result of the strain of the economic situation, and partly the result of agitation that I have referred to earlier in this statement, and that they have been put into operation with little thought as to the ill effects they will have in future years on the welfare of the profession and on the best interests of the people. It is a serious thing to propose that an institution that has developed on the basis of an age-old experience should be overthrown. It is a serious thing to even propose that any very radical changes should be made in an institution that for hundreds of years has served with singular devotion for the benefit of mankind the world over. Medicine has not been static, but from its very beginnings has been progressive. From the time of Hippocrates to this present moment there has been almost uninterrupted progress in the development of scientific knowledge and a very constant improvement in the methods of its application.

We of right may challenge the world to produce a record of greater progress or of more efficient and unselfish service than has been made by the practitioners of medicine. I know full well that the medical profession is not perfect and that it never will be perfect, because it is made up of human beings. We all know perfectly well that there exist certain inequalities with respect to the easy availability of medical service, just as they exist with respect to the availability of any other needful service. These uneven opportunities have always existed and always will exist unless the very laws of Nature itself are changed.

We know very well that the larger part of the people of the country receive smaller incomes than are enjoyed by a distinct minority, but we also know that all the people have available today more medical service and better medical service than ever before, and we know that this is so because medicine and the medical profession have not been static but have constantly moved forward in the development of knowledge and in the improvement of facilities for making that knowledge useful and helpful to mankind the world over. None of the inequalities above referred to would justify the adoption of machine methods nor the socialization of medicine. The socially minded citizens who are so concerned over the cost of medical care might well bend their efforts toward the correction of the uneconomic situation whereby a large mass of the people who are able to work, willing to work, and do work, are unable to earn incomes that will enable them to purchase needed service on an independent basis and in accordance with the original principles of Americanism.

At the same time, the organized medical profession in every state and in every county should study existing conditions with scrupulous care and, in accordance with the high ideals of medicine, should use the utmost endeavor to correct any of its own faults and to correct untoward practices of its own members that are harmful and not for the good of the public. I have no objection whatever to any experiment that has been well considered by those who know what is involved in the delivery of medical service, and that is conducted under proper auspices; but I would admonish physicians of this country that they should withhold themselves from participation in the purely commercialistic schemes that are being promoted under the guise of philanthropy and under the false pretense that they offer a worthy service to the people. I would admonish them to withhold themselves from participation in cut-rate plans that cannot provide efficient service unless severe financial loss is sustained. It is rare indeed that the promoters of these plans are willing to bear financial loss, which means that the service delivered under them will surely be inferior.

I would admonish physicians to carefully examine every proposal submitted to them with a view to their active participation in any sort of new or artificial scheme for providing medical service to the people at a nominal cost. Good medical service cannot be provided at a nominal cost unless somebody makes a very considerable sacrifice, and many, many times it has been the doctor who has been called on to make all of the sacrifice. It is wrong to lead people to believe that good service can be furnished at any very small cost, for the simple reason that it is not true.

There is nothing that can take the place

of scientific medicine practiced through the high art that has been developed in the experience of generation after generation of devoted physicians. In accordance with the ideals of medicine, every worthy physician will strive to make his own knowledge greater and to make its benefits available to all who need his ministrations. That can be done only as the physician is given reasonable compensation for his services and as he is permitted to preserve his independence as a member of a profession, devoted to the cause of medicine and to the service of humanity, free from the dictation of those who lack the necessary understanding of the aims, the ideals and the possibilities of medicine.

Every efficient organization of physicians will strive to effect the scientific improvement of its every member and to create conditions under which the public will be best served; and that can be done without overthrowing an honored institution built on the labors and sacrifices of a profession that has ministered to the deepest needs of the people of the world, through many hundreds of years, with courage, with humaneness, and with marked efficiency.

I thank you for your very courteous attention.

NEWSPAPERS AND HEADLINES

Americans are a headline reading people. Few read all of a newspaper; their impressions reflect just the large type that they see. This fact has resulted in some agitation relative to the heading frequently appearing in the press indicating that death in some cases has followed an operation. Thus Dr. Bransford Lewis asserts, and several editors of newspapers agree, that the heading "Dies Following Operation" can have no other effect except to bring about phobia against surgical procedures, perhaps fear so great as to result in postponed operation in cases in which operation may be the only method of saving life. Since surgery is undertaken with the idea of prolonging life, the constant reiteration of the phrase "Dies Following Operation" serves an antisocial purpose. Newspaper editors might well give the subject serious attention. The cause of death may be cholecystitis, appendicitis, brain tumor or any one of a number of serious conditions which might well be mentioned in the title of the article rather than the fact that operation failed to save the patient.—*Journal A. M. A.*

YOUR COUNTY SOCIETY

Your County Society is what you as a member make it. Many profitable opportunities confront you if you will determine to embrace them. Attend every meeting. Participate in every discussion. Work on Committees. Become a Booster. You will have a wonderful Society if you do.

SOCIETY ACTIVITY

"THE PROFESSION INDEPENDENT"

"Without the promotion of the art and science of medicine, no improvement could have been effected in the public health in the past, nor will any be possible in the future except as a free, untrammeled, independent medical profession is permitted to continue and intensify its efforts to develop its knowledge of the science of medicine, the nature of health, the nature of the causation and the prevention of disease, and to apply that knowledge for the benefit of mankind in accordance with the methods of proved efficiency which can be developed only through the experience of a qualified, free profession, one unhampered by the dictates of politicians, or by the propaganda of professional or amateur agitators, or by the pronouncement of theorists who know little or nothing of what is involved in the delivery of effective medical service."

Thus did Doctor West declare during our General Session in Kalamazoo. In these days that witness the promotion of a wide variety of plans and schemes for the providing of medical care by hospitals, clinics, lay groups, clubs, insurance organizations and medical cliques on some flat rate pay basis, Doctor West has tersely pronounced a sound fundamental principle.

If you desire to be a mere paid artisan, a hireling, subject to lay domination and political bossism, then join and support these movements that will debase and destroy the science and art of medicine. On the contrary, if you are eager and zealous to maintain the ideals and progress of medical science and art and practice as an independent doctor, then combat these plans and promotions. Adopt the following principles, formulated by the A. M. A. Bureau of Economics.

PRINCIPLES

1. The welfare of the patient is of primary importance.
2. The unity of medical organization must be preserved.
3. *Free choice of physician must be guaranteed.*
4. Opposition to unfair competition among physicians must be maintained.
5. Sacrifice of quality of service through the action of commercial competition shall not be tolerated.

6. Direct or indirect solicitation of patients, through paid agents by whatever name, or otherwise, cannot be permitted.
7. Full responsibility for the determination of all questions of professional qualifications and ethics should be vested in the medical organization.
8. Compensation to physicians should be adequate for competent service.
9. Preventive or preclinical medicine must not be neglected.
10. Any change in the method of administering medical care should always be preceded by careful and thorough study by organized medicine.

YOUR ADVERTISERS

Those firms and institutions who purchase advertising space in your Journal are your patrons. They in turn have every right to expect your patronage. It is of pressing moment that you and every other member give immediate heed to this request.

Those now employing space in our advertising pages have been most loyal patrons. They have contributed to make your Journal possible. The least appreciation that you can accord is patronage. Send them an order, write for their literature, assure them that whenever possible you will give them preference.

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ANNUAL PROGRAMS

Our Kalamazoo meeting was well attended. The scientific program evoked and maintained interest. The speakers were a representative group and their subjects were of practical interest. The plan of section meetings in the morning and combined section meetings in the afternoon was an innovation.

In order to sense the members' desires as to whether this plan should be observed next year, the opinions of section officers were secured. Their replies are imparted herewith. We now solicit the opinions and recommendations of individual members. May we have yours?

University of Michigan,
Ann Arbor
September 23, 1932

My dear Dr. Warnshuis:

In reply to yours of the 19th would say that I believe the arrangement as carried out at the last State Medical Meeting was very satisfactory. In fact, it struck me as being one of the best State Meetings that I have attended.

I believe that by combining the Section Meetings in the afternoon it is possible to have a more distinguished group of speakers and consequently thus enhance a greater attendance. I would certainly like to see the next meeting carried out in much the same manner. I think you are to be congratulated on the success of this last meeting.

The officers elected in the Section on Obstetrics and Gynecology for 1933 are: Norman F. Miller, M.D., Ann Arbor, Chairman; Harold Mack, M.D., Detroit, Secretary.

A word of explanation is perhaps indicated. In my chairman's address I made three recommendations entitled, "A Work Plan for the Section on Obstetrics and Gynecology." Apparently the members of the Section felt that the recommendations were sufficiently worthwhile to warrant their development and consequently they re-elected me chairman, presumably with the hope that I might get the "work plan" started..

Sincerely,
NORMAN F. MILLER, M.D.

* * *

Detroit, Michigan
September 20, 1932

Dear Doctor Warnshuis:

In reply to your letter of September 19:

1. I feel that holding section meetings in the morning and combined section meetings in the afternoon is a mighty fine idea if carried out. In passing I feel that the Pediatric Section did not coöperate with our section in that they had Dr. Francis Senear of Chicago speak before them on Infantile Eczema in their morning section. If they had passed the word along, we would have been delighted to have invited him before us in the morning and to speak before the combined meeting in the afternoon. As it was, he spent his time between our section and Pediatrics upstairs. He gave a fine discussion on Dr. Jamieson's Psoriasis paper.

2. I would recommend that the Kalamazoo plan be carried out at our next annual meeting.

3. Our section officers are: Dr. George H. Belote, Ann Arbor, Chairman; Dr. Arthur Woodburne, Grand Rapids, Secretary.

I wish to take this opportunity to congratulate you upon the excellent way in in which you conduct the meetings as our Secretary.

Yours very sincerely,
C. K. VALADE.

* * *

University of Michigan,
Ann Arbor,
September 26, 1932

Dear Dr. Warnshuis:

I am very much in favor of the combined meetings as far as state societies are concerned. I believe it is a mistake to work on the section plan and would even suggest that it would be beneficial to limit the morning work to a surgical and a medical section.

The officers for the Section on Dermatology and Syphilology for the coming year are as follows: Dr. George H. Belote, Ann Arbor, Chairman; Dr. A. R. Woodburne, Grand Rapids, Secretary.

Very truly yours,
G. H. BELOTE, M.D.

* * *

Owosso, Michigan
September 24, 1932

Dear Doctor Warnshuis:

It was my impression that the scheme of program worked very well this year. I know that our Section was well pleased and I heard a good deal of favorable comment. I certainly would be in favor of

a rather similar scheme next year. I think perhaps we should try to put a little more thought on the afternoon programs and think it would be an excellent idea if the section officers could get together twice during the year—once in the winter as we have been doing and again in the late spring or early summer—to iron out any difficulties that may have come up in regard to the general program.

Sincerely yours,
I. W. GREENE,
Chairman of Medical Section.

* * *

Flint, Michigan
September 23, 1932

Dear Dr. Warnshuis:

In reply to your letter of the 19th inst., I will say in regard to the first question, that I am certain that the recent meeting at Kalamazoo indicated the fact that the section meetings in the morning and the combined meeting in the afternoon was very favorably accepted. (2) I would recommend that this plan be carried out for the 1933 meeting unless the committee should strike something more acceptable.

The officers for the Surgical Section are: Dr. G. J. Curry, Chairman, and Dr. H. K. Shawan of Detroit, Secretary.

Very truly yours,
GEORGE J. CURRY, M.D.

* * *

Detroit, Michigan
September 21, 1932

Dear Dr. Warnshuis:

In the first place I should like to offer my abject apologies for "grousing" about the change in the meeting place of the medical section. You certainly chose the most satisfactory place obtainable in Kalamazoo—or in any other part of the state. As a matter of fact, from the unlooked-for attendance, it would have been very unfortunate to have had the Academy of Medicine Auditorium, which I understand accommodates only 100.

I felt at the end of it that we had had a pretty good meeting, and hope that the others felt the same way. There was a surprisingly good turn-out and an unusual number of people who stuck to the end, even thought that end was late at both morning sessions.

With best regards, I am,
Very sincerly yours,
R. M. MCKEAN.

* * *

Grand Rapids, Michigan
September 20, 1932

Dear Dr. Warnshuis:

In past years I have noticed that our good crowd in the Pediatric Section does not congregate until about two in the afternoon. This year Dr. Spooner of Toronto and Dr. Desjardins of Mayo's talked to about twenty men—which I thought was almost criminal. Therefore, I would be in favor of having section meetings lasting all day.

Very sincerely yours,
T. D. GORDON.

* * *

Pontiac, Michigan
September 20, 1932

Dear Doctor Warnshuis:

In reply to your first question, I certainly think that the plan of the Kalamazoo meeting, of individual sectional meetings in the morning, and meetings for the entire session was a good thing.

It was very discouraging to have such a meager turnout in our Pediatric Section. Dr. Gordon and I went to the trouble and expense of sending a special typewritten letter to each man. We had an unusual number of prominent speakers. It may be that we were unwise in allowing certain Detroit men to speak because "a prophet is not without honor," etc. The fact that Dr. Barnes' paper may have been influenced by the Upjohn people, seemed to create comment. On the other hand, such outstanding men as Desjardins, Senear, and Spooner, to say nothing of Dr. Hasley's excellent paper were each one alone worth the trouble and expense of going to hear.

I am considering interviewing by letter, or otherwise, the members of the section to ask their support. It does not seem to me to be worth while to go to all the trouble and expense of such a fine program, "if I do say it myself," for such a small turn-out. Only seven section members were present, and I was unable to count over twenty in the audience at any time.

The officers for the ensuing year are: Dr. Campbell Harvey, Pontiac, Chairman; Dr. Edgar Martmer, 749 David Whitney Bldg., Detroit, Secretary.

There are two factors which may enter into our small attendance—the depression and the Central States Pediatric Meeting early next month. However, I am sure that they can offer nothing better than we offered at Kalamazoo, as far as the scientific end is concerned. Personally, the papers by Goldthwait, Vaughan, and Arbuckle were splendid, and I noticed that Dr. Levine, of Boston, held the medical section well on into the afternoon. I wish it were possible, however, to be able to hear papers on other sections. For instance, there was a paper on contraception in the Obstetrics Section which I should have liked to hear, without missing an important one in our section. Perhaps it might be possible to work out a scheme whereby related subjects could have sections on different days.

I am sorry, for your sake, that you let yourself in for a letter like this, but my feelings are running pretty deeply and strongly. We could make a great thing out of this if we wanted to.

Allow me to congratulate you on the success of this convention as a whole. I have heard nothing but favorable comment. I personally not only enjoyed it, but came away satisfied with the acquisition of many new ideas, strengthened with new enthusiasm, and gladdened with the renewal of old friendships.

Yours very truly
CAMPBELL HARVEY.

* * *

Battle Creek, Michigan
September 22, 1932

Dear Dr. Warnshuis:

Replying to your letter of September 19 last, regarding meeting in Kalamazoo. I feel as I always have that straight section meetings are better. I do not feel that the arrangement in Kalamaoo was as good as straight section meetings would have been; it crowded our work, hurried us and really interfered in our results. Our men were interested in our line of work and only incidentally in the general work. They did not attend the general sessions very well and we had a half day, each day, which could have been devoted very profitably to further work in our section. Without any increase in our program, we could have filled the whole day.

I know that is the sentiment of the Eye, Ear, Nose and Throat Section in general, too, because it has been discussed in our meetings. I think this probably answers your second question.

The arrangement in Kalamazoo was miserable. The placards stating where the E. E. N. T. Section was to be were so inconspicuous that a great many missed them entirely and there was no provision at the hotel to direct anybody. One of our guests

from out of the state had a great deal of difficulty in finding where the section was holding its meeting. All he could get at the hotel was over in this general direction.

I presume you have taken care of the expenses of the guests brought by our section. Our secretary, you know, was absent, and we used a substitute secretary. I personally did not have the time or opportunity to check up on expenses of guests and I tried two or three times to see you but only found you on one occasion during the whole meeting.

The officers for our section are Ray Conner, Chairman, and Ralph B. Fast, Kalamazoo, Secretary.

We had a wonderful attendance in our section, and I don't believe five individuals got up and left before the program was over even though we ran overtime from one to two hours.

Very sincerely,
WILFRID HAUGHEY.

* * *

Detroit, Michigan,
September 29, 1932.

Dear Dr. Warnshuis:

Your letter of a few days ago is at hand and I can heartily recommend the program of events as followed this year. It was certainly my impression that the attendance at both the morning and afternoon sessions was better than I had seen it at any state meeting that I had attended, which after all may have been due to the new plan or the exceedingly central location of the meeting place.

The only difficulty, however, since the morning program should be only three hours in length, was in getting the first meeting under way. If this plan is to be followed, as I should heartily recommend, the local sponsors of the different sections should be particularly impressed with the importance of having the necessary accessories on hand before the time of meeting. In spite of the fact that we were assured the night previous that everything was in readiness, we found, as you know, nothing to work with, and by the time the lantern was finally duly connected and in shape to run, we were almost an hour late.

With best regards, I am

Very sincerely yours,
R. M. MCKEAN.

* * *

Benton Harbor, Michigan,
October 6, 1932.

Dear Dr. Warnshuis:

Replying to your letter of September 19th I wish to say that I have just returned from my vacation, which accounts for my tardy acknowledgment of your favor.

Personally, I believe the Section meetings in the mornings and the General meetings in the afternoons are best. This gives the General Practitioner —and it does the Specialists even more good—recognition which is due him.

Another idea which might be worked out to the improvement of our State meetings, which is enthusiastically acclaimed by the members of the American Academy of O & OL to be the prime reason for the success of their annual meetings, is the Morning Conferences program. I would suggest that you study this and inquire how this has worked out, and see if something of this nature might not be done at our State Meetings in all the various Sections.

This being my last letter to you in regard to my official duties, I want to express my pleasure in our happy relationship and becoming better acquainted in this way.

Very sincerely,
H. O. WESTERVELT.

MINUTES OF THE EXECUTIVE COMMITTEE MEETING

At the call of the Chairman the Executive Committee met at the Statler Hotel, Detroit, at 5:30 P. M., October 5, 1932, with the following present:

B. R. Corbus, Chairman
Henry R. Carstens
C. E. Boys
Henry Cook
A. S. Brunk
J. M. Robb, President.
George L. Le Fevre. President-Elect
J. H. Dempster, Editor
F. C. Warnshuis, Secretary
Wm. J. Stapleton, Medico-Legal Committee

1. The Secretary presented a communication from the Grand Rapids Convention Bureau requesting the society to set the dates for the 1933 Annual Meeting and suggested the dates of September 5, 6, 7, and September 12, 13, 14, in order that no other conflicting convention be booked during our Annual Session. Following discussion on motion of Boys-Carstens, the dates of September 12, 13, 14, 1933, were designated for the Annual Meeting.

2. The Secretary informed the Council that the Speaker had appointed the following committee, created by the House of Delegates, on Birth Control:

A. M. Campbell, Chairman, Grand Rapids
George Kamperman, Detroit
Roy T. Morrish, Flint.
John L. Chester, Detroit
W. C. Ellet, Benton Harbor

3. President Robb submitted the following as his committee appointments for the ensuing year:

Legislative Committee:
Earl I. Carr, Chairman, Lansing
Grover Penberthy, Detroit
W. C. McCutcheon, Cassopolis
Wm. A. Hyland, Grand Rapids
Carl F. Moll, Flint

Advisory Committee to the Women's Auxiliary:
T. F. Heavenrich, Chairman, Port Huron
R. E. Loucks, Detroit
F. C. Warnshuis, Grand Rapids

Joint Committee on Public Health Education:
Re-appointment of the present members

Radio Committee:
Wm. J. Stapleton, Jr., Chairman, Detroit
W. A. Manthei, Lake Linden
R. A. Alter, Jackson

Civic and Industrial Relations Committee:
H. S. Collisi, Chairman, Grand Rapids
A. R. McKinney, Saginaw
Harry F. Dibble, Detroit
George Curry, Flint
Edward P. Wilbur, Kalamazoo
K. B. Brucker, Lansing
Phil Riley, Jackson

Upon motion of Cook-Boys, the President's committee appointments were approved.

4. Upon motion of Carstens-Boys, and at the request of the President, action was taken declaring that there shall be established a special committee on Health to be appointed by the President. Its objectives and activities to be as follows:

President Robb is to outline Committee's activities.

5. Following the above action President Robb appointed the following as members of the Health Committee:

L. O. Geib, Chairman, Detroit
C. T. Ekelund, Pontiac
Roy Holmes, Muskegon

Upon motion of Carstens-Cook the appointment of the above committee was confirmed.

6. The Secretary advised that a number of Coun-

ty Societies hold their annual meetings and collect dues in October, November and December for the year 1933; that it was vital that the Council now determine the amount of annual dues for the coming year. After a lengthy discussion, on motion of Boys-Cook, subject to the approval by mail vote of the entire Council, and in view of the fact that because of the expenses that are being incurred by reason of the work of the committee on Survey of Medical and Social Agencies; by reason of the creation of a new committee by the House of Delegates for study on the subject of Birth Control; and further because the coming year will witness the Legislative Committee incurring added committee expenses, that a rebate of $1.25 be given to each member on the annual dues of $10.00, which amount is fixed by the Constitution and By-Laws, and that the Secretary be instructed to collect $8.75 per member for 1933 dues.

7. The Secretary referred two resolutions, adopted by the House of Delegates, providing for amendments to two of the existing Public Acts dealing with the care of indigents. Upon motion of Carstens-Cook, the resolutions were referred to the Legislative Committee with instructions that they exercise their best efforts to secure the amendments referred in the resolutions passed by the House of Delegates.

8. The Secretary also presented the resolution relating to the Hospital and Clinic practice in the state that was passed by the House of Delegates. Upon motion of Boys-Carstens, the Secretary was instructed to suspend action until legal information had been obtained and also an expression of opinion had been secured from the Council on Hospitals and Medical Education of the American Medical Association.

9. The Secretary advised that the budget appropriation of $3,500 for the expenses of the Committee on Survey of Medical and Social Agencies was exhausted. Upon motion of Cook-Carstens an appropriation of $600 was made, subject to the approval of the Council, for current expenses up to November 15th.

10. Chairman Corbus announced the appointment of the following Council committees, the Chairmen of which had been elected at the meeting of the Council held in Kalamazoo:

Finance:
Henry R. Carstens, Chairman
Harlen MacMullen
Henry Cook

Publication:
J. D. Bruce, Chairman
J. E. McIntyre
A. S. Brunk

County Societies:
C. E. Boys, Chairman
B. H. Van Leuven
Paul R. Urmston

Upon motion of Boys-Cook, the above appointments were confirmed.

11. The Secretary presented the problem of Journal advertising income. The Editor, Dr. Dempster, participated in the discussion. On motion of Cook-Boys, the Secretary was directed to convey to each member of the Council a request that they present this and other society matters before the county societies of their respective districts before January 1, 1933, and that the Secretary prepare an outline for the Councilors as to subjects that should be presented to the membership in their district.

12. The Chairman of the Medico-Legal Committee presented a detailed outline of the work of the Committee and the cases that are on hand and the defense activities that were being conducted.

13. There being no further business the Executive Committee adjourned at 10:30 P. M.

F. C. WARNSHUIS, Secretary.

ANNUAL SESSION MINUTES

Considerable space is devoted in this issue to the publication of the minutes of our annual session. They reflect the activities of your society. Read them and so remain informed upon the work that is being carried on for you. Special attention is directed to the addresses of President Moll, President-elect Robb and Dr. Olin West. The Council's annual report presents vital facts. The resolutions adopted should be observed by every member. The newly elected officers are your personal representatives—aid and support them as they contribute time and labor in your behalf.

President Robb will have a message for you in this department each month. These messages will be worth your reading. Comply with his advice and requests.

It is extremely desirable that the coming year be one that will record the most intense and sustained membership activity. As President-elect Le Fevre has said, "the next two years will be hard and trying, with many complex problems arising and through which we will need coöperation and support from every member."

With the right spirit, with unrestrained loyalty, and with unselfish willingness we will go forward to greater and better achievements. You are urged to become sincerely active in your local society.

SCIENTIFIC EXHIBITS

The number of scientific exhibitors in this year's annual meeting of the State Medical Society was unusually small for several reasons: The depression, the fact that some members who exhibited in the past made the excuse that they did not wish to become chronic exhibitors, and the fact that some were busy making preparations for exhibits in other meetings. In spite of these facts there were some exhibits of interesting material representing a lot of effort.

Dr. Vernon L. Hart of the Department of Surgery, University of Michigan, presented a large volume of material on tuberculosis of the hip, using photographs and X-ray transparencies.

Dr. H. C. Mack and Dr. G. H. Agnew of Harper Hospital, Detroit, presented charts, photographs and gross specimens representing the results of a large series of the Asheim-Zondek test for pregnancy.

Drs. George Sewell and Joseph Casper of Herman Kiefer Hospital had an interesting exhibit of kidney tuberculosis, illustrated by excellent gross and microphotographs with gross specimens and using X-ray transparencies.

Dr. Homer Stryker of Kalamazoo presented a very practical apparatus for securing orthopedic traction during fluoroscopic examination and application of casts in fractures of the extremities.

Drs. Claire L. and Floyd Straith of Detroit gave a large exhibit of facial reconstructions showing the use of plastic surgery. This was illustrated by photographs and casts showing the application of various pieces of apparatus.

Drs. L. O. Geib and Henry F. Vaughan presented by chart and photograph material representing medical participation in public health without free clinics.

The W. K. Kellogg Foundation gave a display descriptive of the foundation and its function and policies.

COUNTY SOCIETIES

GRATIOT-ISABELLA-CLARE COUNTY

The September meeting of the Gratiot-Isabella-Clare County Medical Society was held in the Wright Hotel, Alma, Thursday, September 22, with thirteen members and two visitors in attendance.

After dinner President Burt called the meeting to order and the minutes of the previous meeting were read and approved.

After some discussion it was voted to have the Secretary arrange a meeting with the dentists in November and to arrange a program for December suitable for the members and their wives.

Taking up the evening program Dr. M. C. Hubbard showed a boy who had a Colles fracture in which the distal fragment could only be kept in position by flexing the hand at a right angle. He applied plaster to keep in this position and got good results.

Dr. A. D. Hobbs then gave the history and showed a child that had a severe septicemia in April which was treated in the usual way without improvement, until a phage was used, after which improvement was prompt and continuous until recovery was complete.

Dr. L. F. Hyslop then read an instructive paper on the treatment of thermal burns. President Burt announced the paper was open for discussion and many asked Doctor Hyslop questions regarding the details of treatment.

On behalf of the Society Doctor Burt thanked Doctors Hubbard, Hobbs and Hyslop for their contribution to the September program.

Meeting adjourned.

E. M. HIGHFIELD, M.D., *Secretary.*

OAKLAND COUNTY

The regular meeting of the Oakland County Medical Society was held at the Fox and Hound Inn, Bloomfield Center, on October 20. About forty members and guests were present, the occasion being the conferring of honorary membership on Dr. Edmund A. Christian of the Michigan State Hospital at Pontiac. After dinner Dr. F. A. Baker, president of the Society, put the meeting in charge of Dr. H. Furlong, chairman of the program committee, who called upon Dr. Albert Barrett of the University of Michigan Medical School, who reviewed the life work of Dr. Christian. The editor of the Journal of the Michigan State Medical Society in a short address congratulated the honored guest on his half century of noble service. Dr. J. M. Robb, president of the Michigan State Medical Society, tendered Dr. Christian honorary membership in the Michigan State Medical Society, which was embodied in a resolution passed unanimously by the house of delegates of the Society at the Kalamazoo meeting. The chairman then called upon Dr. Baker, president of the Oakland County Medical Society, who conferred honorary membership in the County Society. The certificate of membership was in the form of a *de luxe* folder bound in morocco. Then followed the scientific address of the evening by Dr. Thomas J. Heldt of the Department of Neurology and Psychiatry of the Henry Ford Hospital. Dr. Heldt spoke on the Newer Methods in the Treatment of Dementia Præcox. Dr. Christian in a splendid address thanked the Michigan State Medical Society for the honor, which he appreciated more than words could tell. He also discussed Dr. Heldt's paper. The meeting closed with an informal reception in which Dr. Christian was the object of esteem and affection of the members and guests.

SAINT CLAIR COUNTY

A regular meeting of Saint Clair County Medical Society was held at Edgewater Inn, Port Huron, Michigan, October 4, 1932.

After a social hour, during which supper was served to seventeen members of the Society and two guests, the meeting was called to order by the President with the following guests: Dr. E. S. Guardjian and Mr. Merton of Detroit, present; and the following members: Doctor Patterson, LeGalley, Fraser, Ware, DeGurse, McNair, Heavenrich, MacKenzie, Burley, Thomas, Cooper, Derck, Ryerson, N. J. McColl, D. J. McColl, Windham, Battley, Smith and Wellman.

Minutes of the last meeting were read and approved.

Upon motion made by Doctor Battley, supported by Dr. D. J. McColl, the Society voted to appoint a committee to confer with local Parent-Teachers Societies and other organizations and to offer them a list of speakers from the membership of our Society to make health talks during the winter months.

President Patterson then asked that a vote be taken in writing by the members present as to their preference of a meeting place for future meetings of the Society. Dr. T. H. Cooper was requested by the President to act as teller and after balloting the teller announced the result as being in favor of the present meeting place by a vote of twelve to seven.

The Secretary then announced future programs for the balance of the calendar year.

Dr. E. S. Gurdjian of Detroit then presented a series of lantern slides, pausing with each for explanatory remarks upon the general subject of, "Problems on acute traumatic neuro-surgery." The speaker took up, in turn, fractures of the skull with attendant brain lesions, together with appropriate treatment, fractures of the vertebra with cord lesions and treatment, and, in conclusion, section of various peripheral nerves with treatment. Some of the more important points which were brought out by Doctor Gurdjian were (1) that in many depressed fractures of the skull without focal signs no active treatment is necessary, (2) that in skull fractures with a dilation of one pupil, middle meningeal hemorrhage must be ruled out or surgical treatment of that condition undertaken at once, (3) that in skull fracture it is often better judgment to wait for a few hours or longer until the patient recovers from immediate shock before giving surgical treatment, (4) that cases of skull fracture with focal injury often slowly clear up their symptoms of paresis even for weeks, months or even years, (5) that it is better practice not to introduce specula or other instruments into auditory canals following head injuries with hemorrhage therefrom, (6) that in comminuted fractures of the skull the various fragments must not be removed but are to be pressed together and held by suture if at all possible, (7) that roentgenograms of spinal trauma with considerable deformity are often not accompanied by cord injury and, conversely, that those with slight bone injury often may present serious cord lesions, (8) that in trauma to peripheral nerves or where nerve section be suspected, that a careful pre-operative diagnosis be made and recorded, (9) that the time to repair severed peripheral nerves is imme-

diately after section and is to be done with either silk or plain catgut, using six or eight interrupted sutures to bring the neural sheath together, (10) that in old nerve section the fibrous tissue of the nerve ends must needs be removed before nerve anastomosis is done, using a Gillette blade to prepare the nerve ends.

The discussion was opened by Dr. C. F. Thomas, followed by Drs. A. J. MacKenzie, K. B. LeGalley, J. C. S. Battley and others.

After the discussion Doctor Gurdjian closed his subject in the usual manner.

Meeting adjourned at 9:25 P. M.

GEORGE M. KESL, *Secretary-Treasurer.*

WOMAN'S AUXILIARY, MICHIGAN STATE MEDICAL SOCIETY

MRS. F. A. MERCER, President, Pontiac, Mich.
MRS. W. E. McNAMARA, Secretary, Lansing, Mich.

THE SIXTH ANNUAL MEETING

The sixth annual meeting of the Woman's Auxiliary to the Michigan State Medical Society was held at the Kalamazoo Country Club Wednesday, September 14, 1932.

Mrs. Walter den Bleyker as hostess introduced Rev. Dunning, who pronounced the invocation. About one hundred and fifty members and guests were present at the luncheon. Among the guests were: Dr. Carl F. Moll, President of M. S. M. S., of Flint; Dr. Frederick C. Warnshuis, Secretary of State Medical Society, of Grand Rapids; Dr. J. Milton Robb, President-elect, of Detroit; Dr. Louis J. Hirschman, of Detroit. Very interesting addresses were given by each of the doctors.

The President-elect of Kalamazoo Auxiliary—Mrs. MacGregor—gave the address of welcome, which was responded to by Mrs. R. E. Loucks of Detroit.

At three o'clock the annual business meeting was called to order by Mrs. J. E. McIntyre. The Secretary's and Treasurer's annual reports were read and accepted. The report of Standing Committees was called for.

Mrs. Kiefer as state organizer reported three new auxiliaries—Eaton, Kent and Ottawa counties.

The publicity report was given by Mrs. Charles Barone. Hygeia report was given by Mrs. Herbert Heitsch. Legislation report by Mrs. Peterson was read by Mrs. Seybolt of Jackson. Reports of delegates to National convention were read by Mrs. Bainerd of Battle Creek and Mrs. Hartman of Detroit; both were greatly enjoyed.

It was moved by Mrs. Breakey that the recommendations of the Executive Board (to keep the dues of county auxiliaries fifty cents indefinitely) be accepted. Seconded and carried.

The Nominating Committee submitted the following report:

Mrs. F. A. Mercer of Pontiac for President. Mrs. E. L. Whitney of Detroit for Vice President.

Ballots were cast and Mrs. Breakey reported all votes were for Mrs. Mercer and Mrs. Whitney. Mrs. McIntyre thanked the members for their splendid coöperation; also thanked the ladies of Kalamazoo Auxiliary for the hospitality extended to all visiting ladies. Mrs. McIntyre recommended the adoption of Dr. Robb's suggestion for medical intelligence committee.

A vote of thanks was given Mrs. McIntyre for her work as President the past year.

The meeting adjourned.

ALTA B. McNAMARA, *Sec.-Treas.*

REPORT OF LEGISLATIVE COMMITTEE

There has been so little legislation completed this year that we haven't very much to report that is definite. However, the state Legislature, at the last regular session, created a commission to inquire into Medical Practice Acts and Laws, regulating those who deal with the sick. It is my understanding that the Medical Society feel confident that satisfactory future legislative activities may result.

There are several other problems that are confronting the Medical Societies that I think we should be interested in, such as the War Veterans' Relief.

At the 1931 Philadelphia Session of the American Medical Association, Dr. H. H. Shoulders of Tennessee introduced a resolution relating to medical care of War Veterans. This resolution was adopted by the House of Delegates, and a special Committee headed by Dr. Wright of Minnesota was appointed to secure this type of Veterans' Medical Relief. The responsibility of securing the endorsement of the American Legion in each state has been delegated to the State Medical Societies. In Michigan, Dr. Angus McLean of Detroit was selected to head a committee for this purpose.

There are 53 veterans' hospitals, with a capacity of 25,920 beds. The present system of hospitalization is very costly. The law, as it now stands, encourages veterans to stay in hospitals and soldiers' homes even after they are well, and capable of caring for themselves. Disabled veterans may go to the hospital having all expenses paid, and still draw full compensation. As a result, the hospitals are filled to capacity with men that are completely rehabilitated, but have no incentive to go to work. The director of the Veterans' Bureau, General Frank T. Hines, says that in 1931, 52 per cent of the cases in hospitals and 75 per cent of recent admissions were of non-service disabilities, while hundreds of men suffering from a disease or disability acquired during service are unable to gain admittance. Consequently the cry goes up for more hospitals.

The Medical Council of the Veterans' Bureau has estimated that the maximum number of beds needed, under the new ruling, will be 129,825. The average cost of constructing veterans' hospitals is $3,500 per bed. The cost of maintenance of the above number of beds would be $200,000,000 per year. These are not all. The cost of equipment and transportation of veterans to and from hospitals cannot be estimated. Dr. Shoulders has suggested an insurance plan of benefits for ex-soldiers that would do away with this proposed building program. His proposition is that the Government issue to each veteran a disability insurance policy with two benefit provisions: (1) a weekly cash benefit payable to the veteran during any period of total disability; (2) the payment of a liberal hospital benefit sufficient to cover hospital expenses during any period of hospitalization. The hospital benefit is in addition to the cash benefit. Under this plan, when a veteran is ill he calls his own physician, selects his own hospital in his own town.

This would be far less expensive to administer, and far less destructive in its effects on the whole system of medical and hospital practice in this country.

At a meeting of the Congress of the Council of the American Medical Society, held in Chicago, in February, 1932, Dr. Ray Lyman Wilbur, Secretary of the Interior, expressed a belief that the Government had built all the hospitals needed.

I am sure that every right-thinking American wants every veteran to have adequate care and protection, but the present plan seems prohibitive.

The American Medical Association at its meeting held in New Orleans in May of this year refused to sponsor a resolution introduced by Dr. J. D. Brook, of Granville, Mich., asking the Medical Association to sponsor birth control legislation. The resolution also requested that the President of the Medical Association appoint a committee to study birth control for twelve months, and report its findings to the Association next year. In the September number of our State Journal you will find an article on the Birth Control Movement, by Dr. George Kamperman of Detroit, that is well worth reading. In this same number of the Journal, you will find where the Executive Committee of the Council directed the Secretary not to lease a booth to any organization furthering the program related to birth control. This was in reference to the Kalamazoo meeting.

The Act for the Promotion of the Welfare and Hygiene of Maternity and Infancy will undoubtedly be coming up again. Let me urge you to keep posted on these different activities so that if the time ever comes when our assistance is required by either County, State or National Society we will be prepared to render same in an adequate and intelligent manner.

Respectfully submitted,

MRS. E. S. PETERSON, *Legislative Chairman.*

MEDICAL HISTORY

Your Society expended $8,000 for the compilation and publication of a Medical History of Michigan in two volumes. There remain some 400 sets of this history on hand. To dispose of them the Council has reduced the price to $7.50 per set. Every doctor should own this truly excellent historical set of Michigan's Medical history. It is an appreciated gift to a friend or associate. Why not order a set from the State Secretary today? Payment can be made of $4.00 with the order and $3.50 in sixty days. Send your order today and enable the Society to dispose of these remaining sets.

LEGAL DEFENSE

Legal defense is a valuable feature of membership. One suit or threat of suit may cost you anywhere from $200.00 to $1,000.00 in attorney fees—an amount equal to your county and state dues for twenty years or even a lifetime. Recently a member lapsed in his dues. Suit against him was started. His attorney fees were $475.00—sufficient to pay his dues for twenty years. Against another doctor, who had been a member for but six years and whose total dues paid were $90.00, a suit was started and $1,180.00 was paid from the defense fund to attorneys who appeared in his behalf. Granted that he lives and practices forty years, he will still have saved $500.00 and all the while protected as well as participating in the other membership benefits. Society membership is a valuable asset.

When threatened or sued, immediately notify your local society medico-legal representative and Dr. W. J. Stapleton, Chairman, Medico-Legal Committee, David Whitney Building, Detroit. Do not engage an attorney. Do not discuss the case. Remain silent till you receive instructions from Dr. Stapleton. If you are in good membership standing your legal interests will be protected.

THE DOCTORS' LIBRARY

INTERNAL MEDICINE, ITS THEORY AND PRACTICE. Edited by John H. Musser, B.C., M.D., Professor of Medicine, Tulane University. Octavo, 1,316 pp., illustrated. Cloth. Price $10.00. Lea & Febiger, Philadelphia.

This book is the work of twenty-seven recognized authorities, each covering a subject in which he is especially qualified. This enhances the authoritative value of the volume. The discussion is adequate, timely, clearly informative, covering the latest and most important knowledge of the topic. The result is an excellent text on medicine that will be found most helpful to every practitioner. It should be accorded a cordial reception.

CLINICAL ENDOCRINOLOGY OF THE FEMALE. By Charles Mazer, M.D., F.A.C.S., Assistant Professor of Gynecology and Obstetrics, Graduate School of Medicine, University of Pennsylvania; Gynecologist to Mt. Sinai and Northern Liberties Hospitals, Philadelphia; and Leopold Goldstein, M.D., Demonstrator of Obstetrics, Jefferson Medical College; Assistant Gynecologist to Mt. Sinai Hospital; Formerly Fellow in Gynecologic Research, University of Pennsylvania. 518 pages with 117 illustrations. Philadelphia and London: W. B. Saunders Company, 1932. Cloth, $6.00.

This book will prove of value as coördinating the subject of endocrinology with gynecology. A great deal of work has been done of recent years in the way of study of the ductless glands so that the time is ripe for a synthesis of findings of research. We have here a chapter on the hormone test for pregnancy with special reference to the Ascheim-Zondek test. Among other subjects treated are the hormone of the ovary, the pituitary gland, the thyroid, the adrenals, the parathyroid and the pancreas. There is an interesting discussion of the interrelationship of the endocrine glands which is followed by a clinical evaluation of blood hormone tests. The work contains a valuable index to the literature of the subject in the way of an extensive bibliography.

THE SURGICAL CLINICS OF NORTH AMERICA. (Issued serially, one number every other month.) Volume 12, No. 4 (Mayo Clinic Number—August 1932). Octavo of 227 pages with 79 illustrations. Per clinic year, February, 1932, to December, 1932. Paper, $12.00; Cloth, $16.00 net. Philadelphia and London: W. B. Saunders Company, 1932.

BEHIND THE DOOR OF DELUSION. Published by The Macmillan Company, New York.

The author describes himself as "Inmate—Ward 8." In the outside world he is remembered as a brilliant newspaper man, a welcome speaker at luncheon clubs and an active figure in civic affairs. His dipsomania makes him an inmate of the State Hospital. I have just finished reading the book, which I recommend not only to doctors and lawyers but to all who have the welfare of others in mind. As a result of the writer's training he has disentangled the true from the false in the distorted stories told him and woven the whole into a fascinating narrative. On Page 50, "Tobacco is one of the greatest palliatives known for the loneliness of life in an insane ward. If I had a friend in an insane asylum and did not send him tobacco and reading matter I would feel that the Sermon on the Mount had been wasted as far as I was concerned, and the thirteenth chapter of Corinthians could be considered a total loss." His description of various types of inmates, the physicians and nurses is free from exaggeration. The chapter on sterilization will be of interest to all medical men, a book to read and ponder over.

—W. J. S.

OF GENERAL MEDICAL AND SURGICAL INTEREST

CESAREAN UTERINE SUTURES PASSED FROM THE VAGINA

Harry S. Fist, Los Angeles, reports that on Oct. 21, 1931, at the Cedars of Lebanon Hospital, after a test of labor, a low cervical cesarean section was done, because of dystocia due to disproportion, on a primigravida, aged 28, in good general health. Bleeding was profuse, the placenta being located on the anterior aspect of the lower uterine segment. The uterine incision was closed with a first layer of interrupted number 2 chromic catgut sutures, a second layer of continuous number 2 chromic catgut locked sutures to stop hemorrhage from the bleeding venous sinuses, and several interrupted sutures. On the eleventh day, which was the second day with a temperature of 98.6 F., the nurse reported that the patient had passed a large piece of pus from the vagina. Inspection proved this to be a soft mass of yellowish tissue, encircled by the interrupted and continuous uterine sutures; in short, the uterine scar. So many convalescents from cesarean section exhibit unexplained elevations of temperature that ischemia and tearing out of the sutures is probably common, but remains unrecognized. It may even occur when the temperature is normal. At any rate, the sutures are safer if the following precautions are observed: Sutures should include wide bites of tissue. They should be interrupted and loosely tied. Fluidextract of ergot or solution of pituitary should be used in small doses only, with the greatest care. A drain should be used if there is any suspicion of infection. The occurrence reported is rather rare, yet it is possible that in many cesarean cases the line of sutures slough out entirely or in part without coming to observation.—*Journal A. M. A.*

PARENTERAL LIVER THERAPY IN TREATMENT OF PERNICIOUS ANEMIA

Maurice B. Strauss and William B. Castle, Boston, have been unable to detect any difference in effect on blood formation between intravenous and intramuscular injection. However, reactions accompanied by chill and fever occurred in about one-third of patients in relapse who received an initial intravenous injection, and in one patient with a history of natural allergy there occurred a severe nonfatal shock following the third intravenous injection at weekly intervals. This was the only alarming reaction among about 200 intravenous injections. However, since the intramuscular method did not produce a systemic reaction from any one of over 2,000 injections in more than 100 patients, the authors abandoned the intravenous route altogether, although occasionally one may prefer the intravenous administration of the material to the intramuscular when large doses must be given. The treatment of the average patient with pernicious anemia in relapse may be accomplished satisfactorily by the daily intramuscular injection of 2 c.c. of liver extract. The extract is a simple water solution of liver extract No. 343 (N. N. R.), now brought without buffer to *p*H 7.4, filtered and preserved by the addition of tricresol. In an emergency, liver extract No. 343 derived from 100 Gm. of liver (the contents of one vial) may be dissolved in 20 c.c. of warm water, filtered, boiled for five minutes and injected with the only disadvantage that the intramuscular injection is painful, whereas a similar amount of the properly neutralized extract may be injected at one time without excessive discomfort, and from 2 to 5 c.c. will seldom cause any discomfort whatever. Extracts of greater purity have been repeatedly employed, and it has been found that further fractionation or removal of material results in a loss of potent material. Furthermore, if the dry extract (No. 343) derived from 100 Gm. of liver (about 4.5 Gm.) is dissolved in less than 20 c.c. of water, there is reason to believe that the solution is not as effective, probably owing to the failure of all the potent material to enter solution. The question of a maintenance dose cannot be settled at this time. When, in addition to a blood normal in all respects, consideration of all aspects of a case reveals no remediable abnormality, the dose may in certain instances be reduced. In the usual case, two or three injections of 2 c.c. of extract a week, or a single weekly injection of from 5 to 10 c.c., presumably may suffice. However, in the resistant case much more than this amount will be needed. In each case the blood and general condition should be studied at frequent intervals to insure adequacy of treatment. It has been the authors' practice to continue daily injections of at least 2 c.c. of extract in all cases with neurologic manifestations, irrespective of the fact that smaller amounts will maintain the blood at a normal level. How long this dose should be continued remains for the future to decide. The keynote of therapy should be always to give more than "just enough." Intramuscular liver therapy has been found of great benefit in "resistant" cases of pernicious anemia and in cases presenting symptoms due to spinal cord degeneration.—*Journal A. M. A.*

DIAGNOSTIC SIGNIFICANCE OF HEMATEMESIS

According to Andrew B. Rivers and Dwight L. Wilbur, Rochester, Minn., the source of hematemesis may usually be determined with accuracy if data, obtainable through a detailed anamnesis, careful general examination and systematic laboratory data, are carefully evaluated. The most common cause of hematemesis will be found in intrinsic gastric duodenal or jejunal lesions. Peptic ulcer is by far the most common cause of this symptom. It is well to remember that indigestion and hemorrhage usually mean an intrinsic gastro-intestinal lesion. Diseases in which varices are likely to develop are next in importance in the production of hematemesis; they accounted for 5.5 per cent of the 668 cases of the authors' series. Vomiting of blood is a rare complication in blood dyscrasia, and the recognition of such diseases is usually accomplished without much difficulty. Surgical exploration seems the advisable procedure in cases of repeated hemorrhage when there is no evidence of bloody dyscrasia or of hepatic or splenic disease. In practically all such cases the bleeding is explainable on the basis of an intrinsic gastroduodenal lesion.—*Journal A. M. A.*

SERVICE OBTAINABLE

Members are invited, yes urged, to avail themselves of the service that is yours at the State Secretary's office. Do you want an address, reference, specific information, clinical opportunities, or any other data? Write in for it. A prompt answer will be returned. If we haven't at hand that which you request we will secure it for you, if it is obtainable, or we will tell you where to inquire. A letter will bring you this service. You are invited to avail yourself of this service.